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THE Public Health Nurse

JANUARY, 1919

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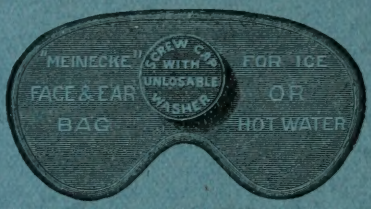

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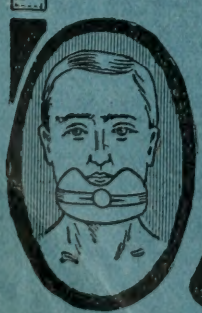

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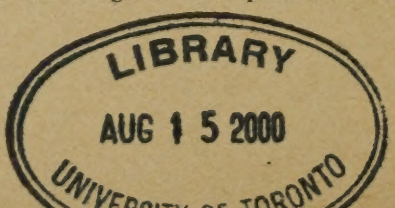

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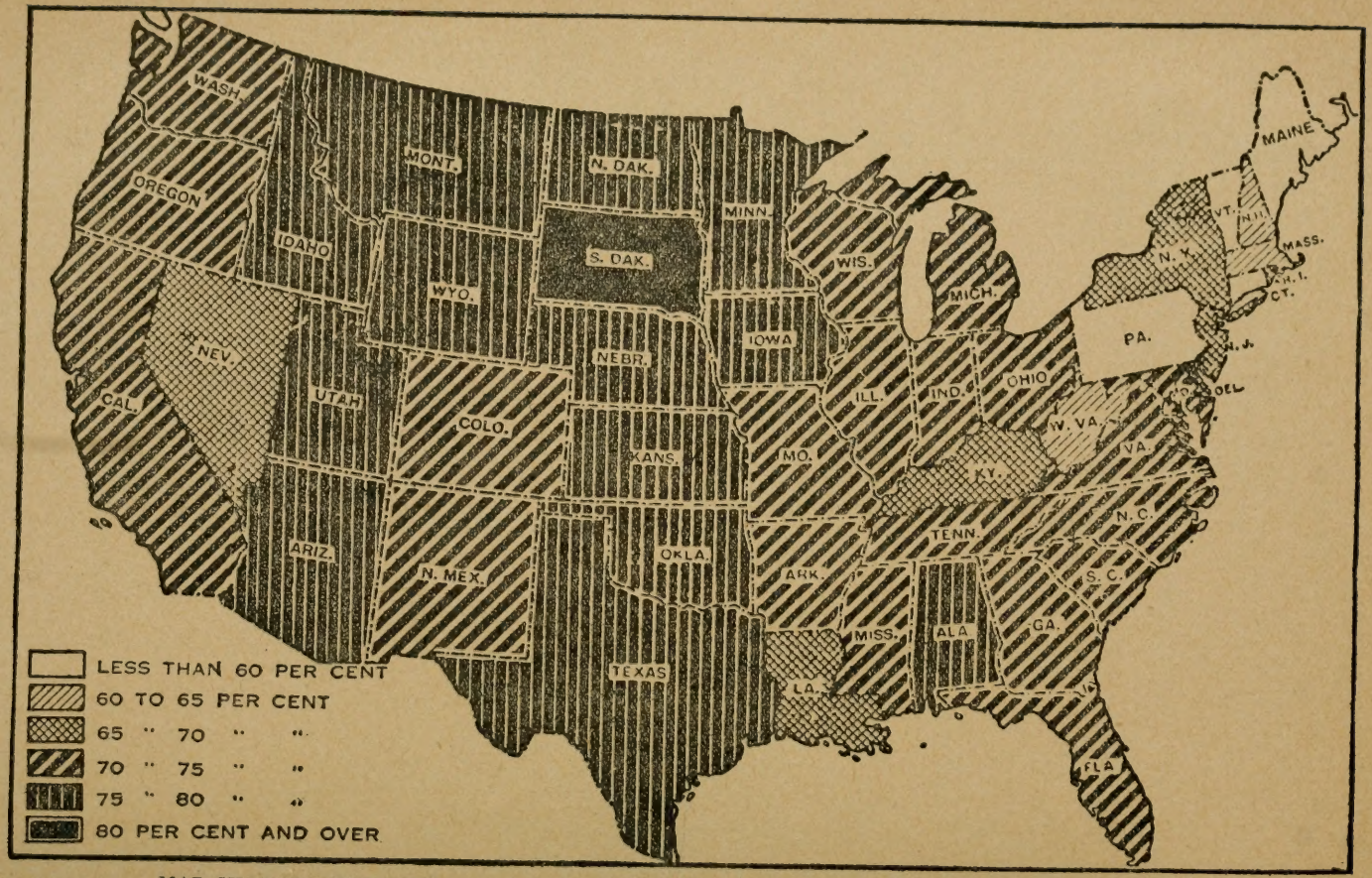

MAP SHOWING PERCENTAGE OF PHYSICALLY QUALIFIED IN THE FIRST DRAFT, BY STATES

(Reproduced from Report of the Provost Marshal General to the Secretary of War on the First Draft under the Selective Service Act, 1917)

(See Page 60)

The Public Health Nurse

VOL. XI JANUARY 1919 No. 1

EDITORIALS

THE CHICAGO MEETING

Quite unexpectedly the members of the National Organization for Public Health Nursing have been called together again during these last weeks of the year 1918. This time the reason for the call was an emergency.

The Executive Committee, which in the difficulties of the past has been available for necessary action between Conventions, became almost non-existent through the duties imposed upon its members by the war, through illness of its members, and because of the great pressure of the epidemic.

Out of its membership of five Miss Gardner and Miss Thompson went to Italy, and Miss Swainhardt and Miss Tucker were ill. The National Organization continued to grow and expand very rapidly and to need more than ever before the wisdom and enthusiasm of its members for its direct guidance and support.

The Board of Directors has been called together at the expense of our treasury once during the winter. The opinion of the

directors expressed at this meeting was that certain changes in our by-laws ought to be made immediately. Therefore, a special meeting of the National Organization was called in Chicago on the thirteenth day of December.

The Director's meetings began the evening of Thursday, the 12th, and continued through Friday morning and Friday afternoon.

It had been possible to give the members very little opportunity to consider the proposed changes in the by-laws. Comparatively few members are able to attend a special meeting called in the midst of the winter's work and so the Directors felt that it was undesirable to make any changes except those really necessary to the efficient management of the Organization between now and our next regular meeting in 1920.

The Chicago sessions were really inspiring. The Directors had come from the very exacting work of the past months of pressure and strain inevitable to any public health nursing activity during war time. Unlike many other forms of war work public health nursing experienced no pause when the armistice was signed. Rather, there came upon us more pressure and a fresh responsibility for many great and new opportunities have opened to us with the coming of peace. One might have looked for a "spiritual" relaxing in a meeting of Directors held in December 1918. Instead of this one felt that courage and faith were dominating the fatigue that could be seen in people's faces and that to such courage and to such faith as that everything is possible.

That Chicago meeting will go down in the history of public health nursing as a Red Letter date, for it was unanimously voted at the general session held on the evening of Friday, the 13th of December, to elect four non-professional members to the directorate of the National Organization for Public Health Nursing. Ever since that other historic Chicago meeting of 1912 when the National Organization was formed Public Health Nurses have felt the need of this.

We now have a branch office of the National Organization in Chicago, a non-professional member of our Board of Directors who is a Chicago woman, two Directors who are nurses also from that city. Mrs. Bolton is conducting her most valuable work from Cleveland. Our beloved Mrs. Lowman is one of the new members of the Board of Directors representing the official organ "The Public Health Nurse," and is also living in Cleveland. Surely we shall have a much more general and active development of inter-

est in the National Organization, a development which will be more representative geographically as well as in point of numbers, for some of our most important work will have its center in a location more available for western members. The hospitality of Chicago was delightful. The Friday evening meeting with its reports from Miss Lent, Miss Fox, Miss Abbie Roberts, Miss Olmsted, Mrs. Haasis, and Miss Crandall was most interesting and stimulating; but in my thoughts I come back again and again to the central feeling of the Chicago meeting, "with faith in the right as God gives us to see the right let us fight on."

MARY BEARD.

THE SPECIAL MEETING OF THE NATIONAL ORGANIZATION

The special meeting of the National Organization for Public Health Nursing in Chicago on December 14th was characterized by several outstanding features.

First, it was representative to an unusual degree of all parts of the country, in spite of necessarily limited numbers. The far South had three, the Pacific Coast two and the Rocky Mountain Region one delegate. This was partly due to the fact that some of these prominent women, having recently been chosen as Division Directors of Public Health Nursing of the American Red Cross, were able to stop on their way home from a conference in Washington timed by Miss Fox, Acting Director of the Bureau of Public Health Nursing, to coincide with the Chicago meeting. This practical evidence of unity of interest is but indicative of the coordinated purposes and plans which are being developed by these two national bodies.

But there was one main purpose of the meeting, i. e. to effect at the earliest possible date such revision of our by-laws as would provide for fuller exercise of the truly democratic spirit of the Organization than has ever before been possible in the direction of the Organization's affairs.

For the first time in its history, its treasury warrants the cost of bringing its Directors together at more or less frequent intervals, instead of the small Executive Committee. Its greatly extended responsibilities and activities make the participation of non-professional members in its Directorate as imperative as it has always been desirable.

It is no longer warrantable that either the magazine, which is now our greatest single means of communication among ourselves and of interpretation of our policy and program to the public; or our all important ways and means committee, i. e., The War Program Committee, should not be represented on the executive body of the Organization.

There had not been time before the meeting in May to reach these conclusions; but, at a meeting of the Executive Committee in September the judgment was unanimous that action to this end must be taken at the earliest possible date. Pursuant to this decision, Mrs. Bolton, assisted by Mrs. Hassis and Mrs. Emma Fox, Parliamentarian, redrafted the by-laws and Miss Beard summoned the entire Board in special session early in October to pass upon the proposed amendments.

While the directors present were unanimous in their approval of the form in which they were submitted to all members by mail, it is splendidly indicative of the good faith of the Directors that they as unanimously consented to reverse some of their previous decisions in the light of even a few protests from members who believed that certain of the proposed changes were too radical to be taken at any special meeting, even though the next regular convention would not be held until 1920. However, there was no shadow of disagreement regarding the desirability and the justifiability of making immediate provision for the invaluable participation of our non-professional members on the Board of Directors. Indeed, first the Board members and then the general assembly eagerly voted to add not two, as first proposed, but *four*.

In the same spirit, everyone received with genuine regret the announcement that legal complications would arise, in the event of incorporating the Organization, if a by-law should be enacted providing for the automatic representation of specified committees or persons on the Directorate, such as the Publications or War Program Committee. But following well established traditions, a unanimous vote was spread upon the minutes of the Directorate and a vote of hearty endorsement passed by the general assembly that a precedent should be established at this first special election expressing the will of the membership that on every ballot there shall be a representative from each of thse committees which carries so large a share of the Organization's work and responsibility.

I am sure I voice the feeling of everyone present that we wished all our non-professional members could have been at the

meeting to get directly the full sense of enthusiastic welcome which was evidenced in the general spirit of the meeting, and in the discussion of this particular question, and in the balloting for the new members.

I am sure also that I speak for all when I say that the Organization faces its 1919 program, which forms a part of a great future for public health nursing, with greater courage and assurance because of its newly constituted Directorate which, for the first time, is fully representative and wholly satisfying. We welcome these new Directors with unbounded happiness and we believe they will be equally glad to serve the Organization to which we all have pledged our allegiance.

ELLA PHILLIPS CRANDALL.

THE UNDERLYING CAUSES OF ILL-HEALTH

The underlying causes of human ill-health are so varied and so numerous that unless one considers them from the simplest and most elementary standpoint one but increases the sense of confusion which undoubtedly prevails as to how all efforts looking toward the betterment of health can best be brought together for the good of all.

A general and wide-spread ignorance on the part of all classes and members of society, especially noticeable, perhaps, among mothers of families, seems to exist as to the definite processes and conditions which make and keep children healthy and foster health in all human beings.

The consequence of this general state of ignorance concerning a question of such universal importance is that society accepts as inevitable a monstrous amount of absolutely preventable disease and human enfeeblement. Nothing can explain this fatalistic acceptance of so large a number of unhealthy and undeveloped people among the sound and well, unless it is that we have grown accustomed to their presence and have become unaware of the necessity for some larger and more direct action than has ever before been made to place human health in a position to receive the attention which it deserves.

The attempts of institutions, organizations and individuals all over this country to protect and upbuild life find themselves blocked of proper fulfillment by some hidden factor which they strain and push against in vain. Their work is like that of desperate seamen

who bail water from a leaky boat. The low per cent of return on energy invested in public health matters in this country is certainly in part chargeable to the lack of some one governmental department which sees the problem whole instead of in sections. All the matters which we admit to be of major importance to the nation are represented by strong creative departments and are backed by appropriations which enable them to proceed with active constructive plans looking toward the achievement of their purposes. Until the problem of human life is so recognized it will continue to benefit but meagerly by all the energy invested in its service, untiring as may be the devotion of those who are struggling in its behalf.

THE OUTSIDE VERSUS THE INSIDE WOMAN

The influenza epidemic has stirred not only the emotion of private families throughout the country, but also the public conscience of communities, with the result that the shortage of physicians and nurses has been discussed after as many different fashions as there have been groups to take the matter under consideration.

One interesting fact among others stands forth strikingly, and that is that whereas the shortage of physicians has been generally accepted as a natural result of the abnormal conditions brought about by the war, the shortage of nurses has not been so accepted. On the contrary, there has seemed to be an undercurrent of dissatisfaction with the system of nursing itself, and a very noticeable tendency not only to charge the profession of nursing with the shortage of nurses, but to propose all kinds of schemes for short term courses on a basis of emergency need.

Some of the latter proposals on the part of non-nursing groups seem particularly unsound. We refer to a plan by which a hundred thousand reserve force of "short course" nurse students would be prepared for emergency duty, these persons to enter the home from the "outside" in case of epidemic or other need.

This idea seems to us very unsound when one takes into consideration the fact that the Red Cross, through its educational departments is offering and has been offering such courses to the "inside" woman, the one already in the home—the wife, the mother. Why not support the effort already being made to teach the private duty woman to be more competent at her own fireside? The woman

who comes in from the "outside" must needs have the highest and soundest training and special education to justify her presence and to enable her to direct less skillful efforts on the part of the household woman with whom nursing and a knowledge of hygiene can be only a part of her avocations.

It truly seems to us that this constant excitement and desire to start new things in the face of the valuable mechanisms and institutions which on every side are being needlessly scrapped because of the failure to preserve them is one of the most alarming of present symptoms. "Carry on" is a good phrase, and one that will justify itself for some time to come in spite of the signing of an armistice.

AN ANCIENT OCCUPATION AND A MODERN PROFESSION

On various occasions we have been surprised by the variety of definitions given to the term "Public Health Nursing." Some writers and speakers give the impression that the term "Public Health" has reference to the State, County or Municipal support of such nursing; others seem to think that "special problem" nurses, such as nurses dealing with the collective health problems produced by tuberculosis, infant mortality, communicable diseases, etc., are meant by this term; while yet others, apparently, feel that the bedside care of the sick in their homes, when accompanied by demonstration in the care of the patient for the purpose of teaching the family or neighbor how to take care of the patient between the nurse's visits, together with instruction designed to keep the family members or neighbors from becoming ill, makes of them also Public Health Nurses.

The fact is rarely, if ever touched upon that the nurse who had graduated from a hospital training school 25 or 30 years ago has, with the aid of groups of lay people, created a demand not only for a hitherto non-existent type of nursing, but has also, because of her findings in the homes of the sick poor, furnished the evidence which has caused the creation of most of the great social-medical organizations now at work in the country. Neither do we often hear mention made of the fact that in spite of the extraordinary contribution which she has made during the past, it has only been within the last four or five years that anything like adequate effort has been made to meet the claim for further education in a

field of knowledge which has been built up to meet the very needs which she herself has in a large measure discovered and made manifest. The fact of the matter is that she has gone to the homes of the sick poor and has served them so faithfully and so well that the latch-string has been cut and the "outsider" has become welcome and beloved.

During all these years of recorded service this nurse and those interested with her and because of her had forgotten to provide adequately for the creation of special courses in nursing which should keep her work abreast of the many and growing requirements of social medicine. The hospital nurse plus experience, or plus experience under supervision, could no longer meet the requirements made upon her without definite supplementary instruction in the newly created body of science developed conjointly by the practice of social medicine. Also, the tremendous increase in socio-medical organizations at work with the nurse as agent in the home demanded increasingly greater numbers of such nurses, so that hospital graduates without even district nursing experience were often requisitioned for such work. The salaries of such workers remained, as a general thing, inadequate and contributed a very practical barrier against the adoption of public health nursing as a profession for such women as are not only dependent upon their salaries, but who also almost invariably carry obligations toward the support of their own families.

Thus it has come about that with a constantly growing demand from the field for more and better fitted Public Health Nurses the number of them for the entire country is only about five or six thousand; whereas graduate nurses employed in so-called private duty or institutional nursing number 95,000 or 100,000.

It seems that many references to Public Health Nurses not being satisfactorily trained for their work arise from the fact that the speaker's experience has been largely based upon examples of hospital training school graduates who have been assigned to public health nursing work without having received special training for such work. The great demand for these workers, together with the earlier failure to provide adequately for their special training, and insufficient salary schedules have introduced difficulties of a very practical though not sufficiently obvious nature to assure a proper understanding of the question. Therefore it is with great surprise that we hear the proposition advanced from some quar-

ters that another type of worker should be substituted for the Public Health Nurse.

There is a perceptible tendency to think in terms of specialty at the expense of a conception which should see the thing whole, and this treatment in fragments of the proposed training partly accounts to us for the ease with which some people feel it practicable to cut loose from the great body of established fact, precedent and tradition which constitute the profession of nursing and to graft upon new and unproved foundations certain specialized training in hygiene and sanitation, with the idea of producing another type of worker called a health visitor; this visitor to be given the key to a domain already belonging to the nurse by right of discovery and persistent, faithful service.

We do see very great and grave dangers in creating an order of workers who should take from the nurse the privilege and obligation of taking care of both the sick and the well and of exercising both curative and prophylactic nursing. When a worker enters a home from the outside it is not enough to inspect and to report—one must work *with* as well as *for* the family, one must faithfully perform unpleasant duties in the midst of the household and give a kind of service that inclines the heart and will to understand and to co-operate with the nurse. The "word must become flesh and dwell" with those who are sorrowful and ignorant. It is not enough to advise; one must help in the humblest ways to make that which is advised acceptable and possible. Persons who think and talk without the actual doing of what they advise fall unconsciously into sophistries and fallacies. A trade is a good corrective to a profession and it is because the nurse combines the two that in our mind she can and does give something that no one can take across the threshold with the same wholeness and soundness that she can take it.

Nursing is a very ancient occupation, as well as a modern profession and the tradition of actual service of the hands of physicians and of nurses constitutes a body of achievement of actual *doing* for the preservation and betterment of human beings which makes it right that further evolution in this work should be joined to that which has gone before—not split off and grafted to less valuable and less tried forms of effort. The great body of the past and the company of faithful workers who form that past are an earnest of continuance of new and more highly varied forms of effort.

THE PROFESSION OF PROMOTING HEALTH

To produce large numbers of inadequately trained workers suddenly is a temptation in times like these, when excitement and confusion are universal and a "short" market confronts an extended need. But the promoter of new things had better far invest his time and effort in holding fast to some of the excellent mechanisms which on every side are being scrapped in the wake of the big war.

On every side there are savings to be effected, fine adjustments that could be made and economies of time and effort to be practiced. To take a concrete example which admirably illustrates this point, we found in a woman's college attached to a university in the Middle West a group of five hundred young women, most of whom expected to become self-supporting and who, nevertheless, during the great war period were nearly all taking a straight Bachelor of Arts course, when a very slight adjustment of the regular college curriculum could have given them two years of pre-nursing studies without detriment to their general studies. No one had come before them personally in the early fall of this year to offer them such an adjustment or to suggest the interest and honorable effort that the profession of nursing offers to well-educated women.

While groups of people here and there over the country, in the face of well-considered objections on the part of the nursing profession itself, were preparing to start new forms of nursing education they were leaving largely unused the early college years when a woman is still too young to be received in the majority of good hospital schools and when, since she is attending college and has her place found in class room and laboratory and, still further, expects to support herself, she could just as well be learning with a definite object in view as in a non-specialized manner. Of course, this point has been seen and labored over by the leaders of the nursing profession since before the war began, but it had not been made sufficiently clear to influence the students who had registered at this particular school.

A tendency to flood the market with wholesale cheap products, when fine and enduring things are needed, is nowhere more dangerous than in a profession which carries with it a practice needing the best of technical preparation; skill and a hall mark are needed now as never before.

But there are practical obstacles in the path of a woman who chooses nursing as her profession, very real ones that the public does not appear to appreciate. In spite of the current notion about compensation for nursing service it is actually one of the least remunerative of the occupations and professions now open to women. Especially is this so in the case of the staff nurses of Visiting Nurse Associations, whether supported by private or public funds. These nurses must be hospital graduates from the best schools, yet their salaries are ordinarily less than those received by women on the domestic force of households, many of whom have no training of any kind, nor even experience in the work they are called upon to do. It is a very strange fact that organizations whose mission it is to help restore the equilibrium of society should do good with their right hand by sending skilled aid into homes which are unbalanced by social distress, and with the left hand undo much of this good by underpaying these agents who are among the most valuable assets of modern society and who, almost without exception, are helping maintain their own families as well as to care for themselves. How can we ever hope to establish a just balance in these matters of economic adjustment if we make it so bitterly hard for the honorable and high minded members of society to maintain with some degree of comfort and dignity the position which their attributes and achievement entitle them to?

The private duty nurse is supposed by many to be more adequately compensated for her work; but, on the other hand, she is in a position where the emphasis is usually placed almost exclusively upon the care of disease. For ourselves, we should like to see her occupy the same attitude and position in the homes of families who pay her fully for her services as in homes where she goes as an agent. Ignorance as to hygienic conditions and as to the proper way to bring up healthy children is by no means a monopoly of the poorer classes. A very distinguished Eastern physician, who holds many class clinics for the rebuilding of the physically deficient child to normal standard, finds as large, if not a larger proportion of subnormal children in the best private schools in the Eastern States as in the public schools in the poorest districts of New York City. And this physical deficiency, he believes, is directly traceable to lack of knowledge in the home as to the way to bring up healthy children.

If the private duty nurse would invariably add to her nursing of the sick a vigilant and instructive attitude toward the members of the family where she goes as a resident nurse, there would gradually cease to exist any barrier between the so-called Private Duty and the Public Health Nurse.

The war has been a constructive war in many ways. It has commanded all our energies, our hopes, our sacrifices for many long months. Are we to admit in any sense that peace is simply a state of no war, and that we should scrap any portion of the fine and valuable enginery that we have set up for the preservation of military and civilian populations? Is the need for fine, healthy bodies and a strong morale only necessary when the object to which such minds and bodies are to be dedicated is physical warfare? None of us would admit this for a moment if we asked ourselves the question honestly. And this being the case, let us pull together to save the best and finest things we have hoped and dreamed during the emotions produced by the great war, and let us carry over into an active and affirmative peace plans for the rescue and salvage of health, of morals and of a measure of human happiness. Let us remember that the nurse who helps achieve these things for her country is worthy of our respect, our gratitude and of a generous measure of that kind of protection which we can afford her by doing our plain duty by her according to the light that a consideration of these questions will assuredly cast upon our path if faithfully consulted.

Why not come boldly forth, one and all, and claim the right to exercise the promotion of health as a profession? The best educated nurses spend as many years in training to exercise their profession as do physicians to prepare themselves for the care and scientific prevention of disease. But the nurse's great and undisputed province should lie in the primitive, educational need of protection for a healthy human race. Hers should be the duty and privilege to help and instruct the mother, whose faulty education has left her often ignorant of the simplest measures which could enable her to translate her mother love into the effective protection of her family. Some one element of society must make a healthy, happy race its highest preoccupation, its constant aim; and what surer way to come into this claim than through the care of those who are suffering? Let us go down with those who suffer and lead them up into the happy places which they can win and keep for themselves and their dear ones.

NURSING AS A LEARNED PROFESSION: A SOCIOLOGIST'S VIEW.

BY ARTHUR J. TODD

Professor of Sociology and Director of the Training Course for Social and Civic Work, University of Minnesota

Nursing, because of its peculiar and delicate problems, must never be considered as a mere trade but always as a profession, at least in the making, a high, dignified and learned profession. Aristotle once declared that to be the most illiberal occupation in which there is the least need of excellence. Judged by this measuring rod nursing should stand high among the liberal professions. A trade, it may be said, is based upon rules and is followed in the main for a livelihood; but a profession is based upon principles, a thorough knowledge of contributory science and a definite code of conduct loyally accepted and carried out by members of the professional group. In short, one lives *by* a trade, but *in* and *for* a profession.

Now a profession requires broad training in fields quite outside its own special field of work, for it imposes the primary and fundamental duty of thinking liberally. Bernard Shaw has charged that "no man can be a pure specialist without being in the strict sense an idiot." The danger of becoming a one-dimension person immersed in his particular specialty was tragically illustrated by the silly superficial talk of certain German professors in their infamous letter to the world in the early months of the great war.

A proper university training course for nursing must include the widest possible information and practice courses to fit nurses for the complex problems of modern social life. Moreover, nurses, like social workers and medical men, need some special training for their own protection, for nursing, particularly when it gets over toward the field of social work, is a hazardous occupation.

If this seems to over-weigh an already heavy-laden period of training and to interject miscellaneous materials unrelated to the central part of the nurse's training course, it must be said imme-

diately that the question is not, "What shall I do with all this information"; the question is always, "What will it do with me?"

Any profession that affects community life so vitally as nursing does must include in its basis of preparation a profound understanding of social science. I have already said that modern social life is extremely complex. No man liveth unto himself or dieth unto himself. We are all part and parcel of each other. These time-hallowed concepts of religion and philosophy are being demonstrated by the modern science of society as the basic characteristics of social life. Every person and every institution in social life touches and influences every other. We are fastened to each other, as Emerson suggested, by some sort of subtle, invisible pitch. We think, for example, we are free to marry, but the price of grain or a financial crisis affects us. We think the juvenile delinquent is bad just because he wants to be bad, but we find that he is the product of a strain of feeble-mindedness and degeneracy which may have involved thousands of people amongst his contemporaries and his ancestors. Here is a man suddenly stone blind without a trace of organic disturbance, and we find that he hates his wife. Psychic treatment restores him. We prescribe rest and air and food for the tubercular patient, but we find that he cannot rest on his salary, that he cannot find the proper food because there is no sickness insurance, and that he is denied air because of rotten housing. We nurse a man out of some industrial disease and allow him to go back to the very conditions which produced his trouble in the first instance. We nurse him after an accident and turn him crippled on the street, unless he lives in a State which has an adequate system of workmen's accident compensation. We scold this man because he has so large a family and deny him decent recreation and leisure to cultivate his mind away from beastliness. We deplore venereal diseases and refuse to restrict unmarried immigration, or to pay a wage that will enable a man to marry and settle down, or fail to provide our immigrant neighbors with decent hours and recreation, or neglect to instruct ardent youth in the hygiene of sex. We nurse a family and find

a delinquent boy. Why is he delinquent? The father comes home only after nightfall from twelve hours in the mills with no time or energy left to play the role of real parent. The result is that we find on our hands a typical "widow family" in which the boy "got beyond control of his mother." We struggle with the sick family of an alcoholic, only to find by chance that he drinks because he is weak minded or because his working conditions are provocative.

All of these cases illustrate the complexity of social life and the complexity of causes in modern social problems. They indicate the need for the nurse's training in sociology, economics, and psychology in order to be equipped with the ability to recognize the contrasting problems of city and country, the characteristic race psychologies, the rôle of instincts and feelings in individual and in social life, the effect of imitation, fashion, and fads, the function of leadership, the problems of wages, unemployment, and collective bargaining. Every nurse as well as every social worker should be familiar with such analyses of the background of social problems as Mr. Ordway Tead's little book "Instincts in Industry." Such analyses frequently give amazing leads to the solution of public health problems.

But I think on the whole the chief advantage of this broad and liberal training is that in revealing how complex are the causes of social problems it reveals at the same time how complex must be the solution; that is, it induces a wholesome tendency to think in terms of co-operation and not in terms of egotism and vested interest in a job or problem.

My special purpose in this discussion, however, is to emphasize certain principles that ought to enter into the professional code of the nurse. The first of these is that the nurse is primarily and always a teacher; a teacher of cleanliness, of order, of economy, patience, good will, courtesy—courtesy even where she is looked upon as a domestic servant. Her supreme business is to teach the way to health, how to attain health and how to keep it. This, it is her function to show, is not the result merely of cleanliness and hygiene. It comes chiefly from decent living conditions and a sane

philosophy of life. The first essential in such a philosophy—and it is becoming more and more apparent that it is the nurse's business to teach it—is the elimination of fear, worry, and depression which are forms of fear. Fear is the root of every trouble, of every human disease, and the elimination of fear is the first duty of any profession proposing to prevent or cure disease. This was admirably brought out at the last meeting of the American Public Health Association in the discussion of the influenza epidemic and the necessity for attacking "fluphobia." But the same point was brought out very strikingly in the address of Dr. Thaddeus Hoyt Ames at the Conference on Demobilization in New York last November. He pointed out not only the new psychical element in the treatment of tuberculosis but also the significance of maintaining morale in the army as the preventative of shell shock. Nurses will do well to catch this new clue handed us by the war experience, and whether at the bedside or in the community, will "carry on" in the maintenance of health morale.

But a healing profession must achieve this building up of morale through science, not superstition. It, therefore, must welcome every discovery in every field, whether of chemistry, psychology, religion or economics. It must not assume that any scientific sect or any professional sect or any religious sect has the whole truth. Science is universal. Superstition is sectarian. Science is free and open. Superstition builds hedges and entrenchments. Science is its own law. Superstition schemes for the support of arbitrary power to insure its own tottering positions. The science we are after is the science of hope, of assurance, of well-being. To that science nurses must contribute or they fail. This is why I place the teaching functions as the first principles in its code of conduct.

The second principle in this professional code of the nurse is the elimination of self. Remember that the professional man or woman lives not *by* but *in* and *for* his profession. The surest mark of success in any profession, I care not which, is the elimination of the need for that profession. It is the most heroic and perhaps

the rarest thing to do in this bread and butter world, but it is absolutely necessary to self-respect and professional spirit. We must be ready as professional people to lay down our jobs. Our business is not to warm a job but to serve in a noble cause. Therefore our work must be so thorough, so careful, so comprehensive that it never needs doing over. This is the essence of true prevention. It makes no difference whether we are trying to prevent poverty or sickness or ignorance: the principle remains identical. I am a good teacher if I can so stir up my students that they can go ahead and educate themselves, making my further services unnecessary. You know the deep temptation to hold to a "case" as to a piece of property. The family doctor or the family nurse ought to be somewhat of an anomaly. We must insist as real community teachers that people shall learn to do their own work, to be their own physicians, preachers, teachers.

The third principle in the nurse's professional code is, as I have already intimated, co-operation. This principle, of course, proceeds from the other two; for science is by very nature a co-operative enterprise; and co-operation is one of the finest and surest ways of eliminating self, while at the same time multiplying one's power. Ours is supposed to be preeminently the age of co-operation, and the whole drift of social life as well as of good works is in the direction of federating money, capacity, and effort. When I speak of co-operation I mean real reciprocity or exchange and mutual good will, respect and consideration. I do not mean the sort of co-operation in which, as a witty friend suggests, one person "co-operates and the other does the work."

The health problem in particular can not be solved except by the widest and most thorough-going co-operation. That is why I have urged the most liberal training for this profession of nursing; because only such liberal training is able to confer that breadth of sympathy and that knowledge of our common resources which makes co-operation something more than a mere word. Only the liberated and trained mind can sustain the shocks which inevitably come in the attempt to do real team work in community welfare.

Let me sum up. The nursing profession, if it is to be a real profession, must stand for liberality of training, breadth of sympathy, tolerance, the true scientific spirit, the subordination of self, the sense and good will which make a co-operator. Without these qualities nursing or any other profession is mere bluff and time-serving, doing perhaps as much harm as good. For here as elsewhere a little knowledge plus some technique may become a very dangerous weapon to both the individual possessor and to the community. But with these qualities the nurse goes forth as member of a universally honored and dignified profession, noble in its resolves and lofty in its purposes. With them, moreover, it is able to achieve that final mark of a real profession, namely the constant renovating, broadening and clarifying of its own outlook and purposes.

NOTE

We are anxious to keep our readers informed as to the names and addresses of Presidents and Secretaries of the State Organizations of Public Health Nurses, and shall be glad to receive notice of any changes in regard to these officers, as they may take place from time to time.

We have received the following note:

Miss Ballantyne, R. N., Municipal Building, Des Moines., Ia., is President of the State Public Health Nurses of Iowa; and Miss J. A. Stahl, R. N., 118 E. Bloomington St., Iowa City, Ia., is the Secretary and Treasurer.

THE NEED OF THE INDUSTRIAL NURSE*

BY MABEL BOYD, R. N.

Industrial Nurse, U. S, Rubber Co.

Perhaps some nurses, especially those doing well-established work, are asking, "Why discuss such a well-established fact as the "Need of the Industrial Nurse?" But coming from a plant which had no nurse previously, and having seen the need fulfilled, though on a small scale, perhaps, compared with larger factories; and knowing that there are still plants in Chicago and other cities not so equipped and also nurses in other lines of work who do not know what our work is or how or why we do it, I feel a discussion on the subject may prove worth while.

I want to take this need up from three points of view:

First—That of the employers.

Second—That of the employees.

Third—That of the nurse.

For fear my imagination of the employer's view might seem to be bigoted, I took the liberty of asking our manager to give a few reasons. It seemed to me the manager's own statement would carry more conviction. This is what he gave me:

"Among the most important and most evident marks of progress and efficiency in the rubber manufacturing industry has been the almost universal practice of installing a well-equipped hospital as a vital part of the organization, there being only a very few of the very small companies which cannot boast of its own hospital in charge of a well-trained graduate nurse.

"One of the reasons why the hospital has become a vital part of our institution is that it is the sincere desire of the management that the employees may know that we have their interests at heart, and our hospital is one of the visible evidences that this is so. We

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*Paper read at Round Table Discussion for Industrial Nurses, Annual Meeting, Illinois State Nurses' Association, Dec. 13, 1918.

believe they are entitled to the best attention in case of illness or injury that we can give them. We also believe the moral effect of having our own hospital has a great deal to do with the ultimate satisfaction, and therefore the permanency, with which an employee may look upon his connection with us.

"The second reason why we believe our hospital is vital to our organization is that for the most part the equipment used in the production of our materials is of necessity large and powerful, and therefore, somewhat dangerous to the operative if concentrated attention is not given to the task in hand. We sometimes have serious accidents involving the loss of a finger, a hand, or an arm, and at such times, while awaiting the arrival of an ambulance or the surgeon, or both, we have been able to give the patient skilled and kind attention, which otherwise would have been impossible, with the positive knowledge that his suffering has been immediately lessened, that his period of disability will be shortened and that even his life may have been saved.

"The third reason why we believe our hospital is vital to our organization is because it is a profitable investment. We as employers are responsible for the health and welfare of our employees to a greater extent each year and the careful and continued attention given by our nurse to small injuries such as cuts, burns and scratches, as well as the many cases of temporary illness, which otherwise would require the attention of a doctor, and which, if neglected, would develop into serious cases of infection or other illness, with the consequent loss of much of the employee's time, with resultant compensation, show a substantial financial net return on our investment.

"The United States Rubber Co., of which we are a part, have 47 factories distributed throughout various parts of this country and every one of these 47 factories has its own hospital with its trained nurse or nurses. I have talked with many of the factory managers of these factories on the subject of hospitals and have never found one manager who was not enthusiastic on the subject. From a personal standpoint I want to say that the weight of re-

sponsibility lifted from my shoulders and the sense of security I have in the constant knowledge that we have our hospital and our nurse, is very great, and I think there are few men occupying similar positions who would not welcome the privilege of being able to offer such a toast as this—'To our hospital with its best dressed woman in the world."

This shows the co-operation of our firm; and now let us take up the other views.

The Industrial Nurse is, I believe, a burden-lifter. She spans the gap, which had grown unconsciously wider between the employer and employee.

She enables him to carry out what has been in his heart to do all the time—if he is a warm-hearted, human sort of a man, who values life above the Almighty Dollar, which fortunately many of them do.

But granted that he is of that type, his duties are so arduous that he has not the time to do what his heart prompts him, so the nurse with her training is as a messenger of his good will to the men and women employed. In ministering to their needs in accident she is the interpreter of his thoughts and feelings.

From the employees' viewpoint, let us first take the foreman's view. To him she should be a blessing and not a menace. She must make him feel her co-operation and thus win his confidence by attending to the accident promptly and efficiently; getting the men back to their work as soon as possible, if the accident be a minor one. If a serious one, to keep him posted on the progress of the case and when the man will be able to resume his work. In each case, to recognize the foreman's often difficult task of keeping his department up to its highest efficiency. Messages of interest can be taken to the injured men from the foreman, which always cheers them; for the foreman is often the one who knows his men the best, often can act as an interpreter or knows quickly what workman to call, in case he cannot speak the language. If ever a nurse needs to know more than the English language it is in this work. In fact she often wishes for the gift of "Tongues."

The co-operation of the foreman in each department is invaluable.

The Safety First Committee is composed often of several foremen, the superintendents and master mechanic, and the nurse in meeting with this committee brings a written report of all accidents in all departments to the committee's attention and she in turn learns a great deal of the value of safety first devices, the cleverness in originating them and the fact that all the industrial world is linked together; that what can successfully be safeguarded in one plant may by photographs and publications be an inspiration for other plants. Thus we can see how large our field of service may be, for we truly touch all these phases if we will.

The nurse, by carefully looking up the exact information of the accident, is helping to secure a just compensation, for the Industrial Board use these factors in their decisions.

What shall we say of the hundreds of men and women just next to the foreman as employees? What view do they take?

I know their view changes. It takes time to establish confidence, but when once they realize that this corporation for which they labor and whom they had too often thought of as heartless and exceedingly wealthy, whose managers, superintendents, and visiting officials were always well dressed and whom they never saw actually labor (remember, we give all credit to the intensive work that it takes from the managers and superintendents to engineer the work of a plant and to bear the responsibility—and it surely takes gray matter), but when these employees find that a well-equipped First Aid Place has been established, with a nurse's kindly interest, skill and sympathy free for them, it seems almost more than they can realize.

At first, they seem afraid the nurse will not want to care for them because they are dirty. The white enamel chairs cannot be meant for them to sit on, or the bed for them to lie on, but when a few of them are well cared for the news soon spreads and the battle is won. They gladly come and the politeness and gratitude

shown for the tiniest care is so great that no nurse—if she truly loves human beings and what real nurse does not?—could fail but feel her heart aglow with satisfaction and the feeling that industrial work is worth while.

There is no one they open their hearts to more quickly, and when the nurse shows them that all this care has been provided by the company and is theirs for the asking they have gained a new point of view. This cold money getting corporation is really interested. It has a heart.

From the nurse's viewpoint industrial life in a large city was new to me. When I saw these 450 men and 50 women coming to work in swarms, it seemed to me, each going to his or her own place among the dangerous mixing mills, the huge calenders, the tubing machines—which seemed to ache to nip some one's fingers —it seemed as I looked at them busily at work, from every nation of the globe—Italy, Greece, Roumania, Sweden, Norway, Scotland, Servia, Belgium, Poland and Ireland, each with their differences of appearance and temperament, that they were almost a part of the machinery, so methodically did they work. From the blackened faces of the machine and blacksmith shop and coal shovelers of the power department to the gray, dust-covered men from the compound and mill rooms—their faces seemed at first to bear no sign of the warm and often burdened hearts within. But when one of these men unfortunately gets seriously injured then you realize that his first thought is an unselfish one, always for the wife and babies at home—those who depend on him for their daily bread—"Who will tell my wife?", "Who will care for my babies?" and when we comfort them, while giving the necessary First Aid, by telling them, "Do not worry, we will tell your wife and bring her and your babies to the hospital to see you," then we see such relief creeping up into their faces, and bearing the pain of injury seems easier.

Then you realize that the clothes you wear, or the country that gave you birth, or the language you speak, matters not. The vital things of life are the same.

If it's possible for the nurse to be spared to go with the ambulance it helps in getting better service—for we all know that a nurse often has to fight for her foreign patient. Sometimes ambulances, hospitals and doctors are respectors of persons and because a man cannot speak the English language and is only a "Wop" or a "Polock" as they often speak of them, we as industrial nurses find an opportunity in helping to secure better service. For these men are just as precious in the sight of their Creator as we are, and perhaps more so, who knows?

In the homes in which I have been privileged to enter, for as yet we have no regular visiting nurse, I have often found clean, wholesome surroundings, lovely children, one or more service stars in the window, our own flag and those of the Allies within, even in the humblest home. In some places the opposite condition is found, and therefore the need of the industrial nurse is greater, but in either case no more royal welcome could be given, when they find that you are the nurse from the plant. We know these men have given generously to Liberty Loans, Red Cross, Y. M. C. A., Salvation Army, Knights of Columbus and so on. This shows real patriotism, for such giving is not compulsory in our plant and when we realize that if it was not for these men who are willing to do this hard work, knowing the risks they are taking, we would have to live without some of our most necessary articles. then we see the value of the industrial soldier and the need of the industrial nurse to stand by and give her best service to him.

When we feel, as I presume we all do at times, what did I do today of importance? I think our one comforting thought should be that it's all a work of prevention and that we should accept the Chinese idea that a doctor is only worthy to be paid while his district is well; and in our work the preventing of infections is really more worth while than caring for a big accident, for the less of those we have the better.

It takes only one scratch unreported, uncared for to show the value of the industrial nurse.

There are also needs *for* the industrial nurse.

1. Better organization.
2. More uniform methods.
3. More knowledge from all viewpoints.
4. Anticipation of the great future that lies before us.

For example, we need to study the reconstructive work. The men who lose a hand or finger, if they cannot resume their old work, should be taught a new one; for although an injured man receives his compensation and settlement and a life job that is not sufficient. He should be taught a work—whereby he may become self respecting and not a contented parasite, and it is up to the industrial surgeon and nurses to keep posted and bring all the information and enthusiasm possible from authentic sources on this subject.

Our need is great. Let us see that we try to live up to our possibilities. We are only children in the work, and as Abraham Lincoln said, "I always feel like taking off my hat to a child because I never know what possibilities might be buttoned up under his jacket." So let us hope that the possibilities which may be buttoned up under our jackets may not lie dormant.

RULES FOR THE PHYSICAL EXAMINATION OF SCHOOL CHILDREN IN EXTRA-CANTONMENT ZONES

In connection with the sanitary work being conducted by the Public Health Service in the vicinity of military cantonments, the Bureau is greatly impressed with the importance of conducting health supervision of school children for the purpose of preventing outbreaks of communicable diseases.

In order to conduct this work uniformly in all extra-cantonment zones and to obtain the best results from it, the Bureau recommends its conduct in accordance with the following instructions:

1. Request the teachers, through coöperation with the Boards of Education to record on the physical examination record card the required sociologic data, and to weigh and measure the children.

2. Require the school nurse to inspect the children for the detection of gross physical defects and to make appropriate records of them on the cards already prepared by the teacher.

The nurse should be instructed in the use of the Snellen vision test charts and in making the watch test of hearing, in order to impart this information to the school teachers who should be required to make these examinations.

3. On completion of the inspection of a school or grade, the cards should be brought to the Office of the director of the unit, who would select from them the children suspected of having diseases or defects requiring medical or surgical attention and who should be brought to the office of the director on stated occasions for the required examination.

4. In the event of confirmation of the finding of the school nurse by the medical examiner, the director should transmit in writing a notice to the parents of the child advising them of the nature of the disease or defect and recommending that appropriate treatment be given.

5. It should be the duty of the school nurse to follow such notice, in due season, to discover the action taken by the parents on the recommendation of the director, to advise with them as to the probable consequences of the neglect of the reported conditions, and to instruct them, if need be, in the hygiene of the sick room and in the control of communicable diseases.

There are also forwarded copies of memorandum containing instructions to be followed by teachers and nurses in recording the results of physical examinations of school children.

SCHOOL HYGIENE FORM NO. 4
TREASURY DEPARTMENT

U. S. PUBLIC HEALTH SERVICE
Physical Examination of School Children

(This side to be filled in by the nurse or teacher)

Name of school.....State.....County.....Township.....Date.....19.....

Name of child.....Sex: Female.....Male.....

Color: White.....Colored.....Date of birth: Month....., day....., year 19.....

Name of parent or guardian.....Occupation.....Remarried: Father.....Mother.....

Father living?.....If dead, state year.....Cause of death.....

Mother living?.....If dead, state year.....Cause of death.....

Number of brothers living.....Dead.....Cause of death.....

Number of sisters living.....Dead.....Cause of death.....

Age commenced school.....Present grade.....Grades repeated (number times).....

History of chicken pox.....Diphtheria.....Measles.....Mumps.....Scarlet fever.....Smallpox.....Whooping Cough.....

Vaccination (smallpox).....No. times.....When last successful (year).....Vaccination (typhoid).....State year.....

Date of Examination	..... 19.....	..... 19.....	..... 19.....	..... 19.....
Height	..... ins.	..... ins.	..... ins.	..... ins.
Sitting Height	..... ins.	..... ins.	..... ins.	..... ins.
Weight	..... lbs.	..... lbs.	..... lbs.	..... lbs.
Chest expansion	Exp. ..... Insp.	Exp. ..... Insp.	Exp. ..... Insp.	Exp. ..... Insp. .....
Hearing (watch)	rt..... lt.....	rt..... lt.....	rt..... lt.....	rt..... lt.....
Vision (Snellen)	RV.....LV.....	RV.....LV.....	RV.....LV.....	RV.....LV.....
Vision with glasses (Snellen)	RV.....LV.....	RV.....LV.....	RV.....LV.....	RV.....LV.....
Teeth, number defective				
Teeth, number missing				
Teeth, number fillings				
Use of toothbrush				
Enlarged tonsils				
Mouth breathing				
Skin eruptions				
Pediculosis				
Other defects or deformities				

(This side to be filled in by medical inspector)

Date of Examination	..... 19.....	..... 19.....	..... 19.....	..... 19.....
Defects auditory apparatus				
Defects visual apparatus				
Nasal defects				
Throat affections				
Heart disease				
Pulmonary disease				
Mental and nervous disease				
Orthopedic diseases				
Speech defects				
Spinal defects				
Blood parasites—malarial				
Intestinal parasites				
Skin and scalp conditions				
Nutrition				
Mental age				
Other defects or deformities				

TREATMENT RECORD

Date.....

Nature of defect.....

.....

Treatment advised .....

Date of notification of parents.....

Case treated by..... Date.....

Nature of treatment.....

.....

Result of treatment..... Date.....

.....

Medical Inspector.

UNITED STATES PUBLIC HEALTH SERVICE

Instructions to Teachers and Nurses to Be Followed in Recording the Results of Physical Examinations of School Children.

Sex, color and the affirmative in case of a defect are indicated by (+).

No mark of any description should be used to indicate the absence of a defect; the space for recording the same should be left blank. Teachers and nurses will note four columns on blank. Please fill in only first one, as this card is designed for use in checking up the condition of child from year to year.

In the history of chicken-pox and other communicable diseases, it is desirable to record whether the disease occurred while the child was attending school or not. This is indicated by (+) placed immediately after the affirmative sign that signifies contracted while attending school, (—) contracted at other periods.

It is very important to ascertain the correct age, height, and weight of each child; also, the occupation of parent. This information has a distinct bearing on the question of child labor. There is also no definite and accurate information in any State of the Union concerning the relative health and physical development of country and city children. If the teachers and nurses will comply fully with instructions much information of value for estimating nutrition will become available.

Height should be recorded in inches and half inches (not feet and inches). In the absence of a measuring rod, the teacher should first mark off on a flat surface on the wall the distance in inches and half inches up to six feet. Let the child stand barefooted or in stocking feet, erect with back to wall, heels touching each other, the back of head, shoulders, buttocks, and heels should be against the wall. The distance from level of top of head to floor in inches is height of child.

Sitting height: The child should sit erect on a shelf, box or other flat surface with back against wall. Distance from shelf to level of top of head in inches should be recorded.

Weight: An effort should be made to rent or borrow the standard scales for weighing the children in the schools that are not supplied with scales. Each child should be weighed carefully without heavy wraps or overcoats.

Hearing should be recorded in the term of tenths of the normal distance at which the ticking of a watch may be heard. The

watch used for this purpose should first be tested by determining the average distance at which it can be heard by five people with normal hearing. For example: If this distance should be 30 inches it would be recorded as 10/10. If a child should hear the watch at a distance of 15 inches only this will be one-half the distance it should be heard normally and should be recorded as 5/10. Each ear should be tested separately, the teacher standing behind the pupil, who should keep one ear covered and the eyes closed during the test. Be sure to state whether or not discharge is present from either ear. If present, state under the heading "Other defects."

The chest expansion should be recorded in inches. Measurements should be made when the chest is fully expanded (deep inspiration) and when emptied of air (expiration).

Vision should be recorded in tenths of the normal distance (Snellen's) in the case of each eye separately, first, without glasses in case glasses are used, and then with glasses. Lack of vision in either eye (blindness) is recorded as 0/10. If child is able to read the top line only on Snellen's card at a distance of 20 feet, the vision in that eye is only 2/10 and should be so recorded. If he can read the second line from top only at 20 feet the vision is 4/10; third line only 6/10; fourth line 8/10, and if he can read the fifth line the vision is normal, or 10/10.

The vision of a child who does not know the alphabet should be tested by the "illiterate" chart, preferably one of the open "E" type. The child should be required to indicate the opening in the letter by motioning with the hand in the same direction as the arms of the "E" point. Vision should be recorded in the same manner as with the "literate" chart. The misnaming of one of two letters only in practically all of the lines is fairly presumptive of astigmatism.

Skin eruptions: The record should state the part of the body affected.

Pediculosis: The answer to this question should show whether only lice or nits are present, or both.

Other defects: Under this heading should be recorded all deformities, especially of the spine, all paralytic conditions, missing fingers, arm or leg, suspected hookworm disease, or any other defect not already recorded. Write down the condition.

Each child should be examined separately in a quiet place.

An unused wooden tongue depressor should be used for each child in examining throat and teeth. After use it should be broken, placed in a proper receptacle, and burned at the end of the day's inspection.

For making examination each teacher must be supplied with:

1. An unused wooden tongue depressor for each child.
2. Tape for measuring height and chest expansion.
3. Charts for visual tests.
4. Scales for weighing.

A SCHOOL RECORD FOR SMALL TOWNS

BY SUSAN NORMAN

School Nurse, Chippewa Falls, Wis.

The value of record keeping is receiving the attention of the public health nurses to a greater extent than ever it has before. We realize more fully the need of records properly kept, and a system of records that will be standardized and not changed every time a new worker comes into a community.

A nurse goes into public health work without special training, and does not at once understand the need for an accurate record and for one comprehensive enough to enable her to co-operate to the best advantage with the social agencies of the city.

How can a nurse do her follow up work if the records are not complete? And follow up work is an essential part of the school nurse's duties. The record is helpful not alone to herself but to her successor in this respect. Supposing she has started a piece of work in a community and is suddenly called away, another nurse takes her place, and finds the records incomplete. As a result the second nurse will have to cover the same ground the first one had been over. There is loss of time and energy.

Again the records kept by A may have been in such form that all findings and recommendations had to be written. The space given for the findings is limited, consequently A has abbreviated as much as possible, little thinking of the difficulty B would have in deciphering her work. It is wiser to have a system of keeping records in which little or no writing has to be done in regard to diseases, findings and recommendations made, but by the use of an X in the space opposite the findings which are in print, a record

may be understood and the checking up of diseases and defects may be done with little or no difficulty.

The "Physical Examination Record"* planned by Miss Katherine M. Olmsted, when in charge of the public health course at the Wisconsin Anti-Tuberculosis Association is the one used in a great many small towns of Wisconsin.

As the findings, diseases and recommendations are printed, they are legible to all. Another very good feature about this record, is that it is spaced for eight years.

It is an advantage to have a complete record of a child's physical condition from first grade through to the eighth. It helps not only the child, but also the community. When a child, upon examination in his first year in school, is found with enlarged tonsils and adenoids, the parents are visited in regard to this matter. Let us say they refuse to have the child operated upon then, as it is too young. The next year shows that the child's hearing has become defective through the tonsil condition, the parents are again visited, the sequence of the record makes it possible for the nurse to put the case before them in such a manner that they are more likely to have the child properly cared for. In the course of a few weeks, he has resumed the school work with new interest. The inter-relation between the mental development and the physical condition is observed. This same child is complaining of headaches during the examination two years later. Refer to records—it is found he has had tonsils removed, but that his eye-sight up to a year or six months had been normal. What is causing the headache? is the first question that presents itself. Further examination and treatment by a physician or a specialist is indicated. Because of sickness and a death in the family, this cannot be provided and application is made to the Associated Charities. Accurate statements and a complete record, will make it much easier to present your case in a manner clear enough to satisfy the people in charge.

With a record that may follow a child from year to year through the grades, we can feel quite confident that the child enters High School in the best possible physical condition. We must not forget the childhood diseases which play such an important part in later life when a doctor is making his diagnosis in regard to tuberculosis, heart trouble, or kidney complications. Glancing at the record, the doctor will see which of these early diseases the

patient has had and the brief resumé of his health during the years in the grades will greatly aid him in his diagnosis.

Beside the permanent record card four printed blanks are used in the routine of our small town school nursing. They are:

1. Given to insert the name and address of all absentees of three (3) days or more, unless good and sufficient reason has been furnished. On this same form the nurse writes the date on which she visits the pupil and gives the cause of his absence.

2. A disease record blank is sent to every pupil's parents.

TO THE TEACHER:

Please insert name and address of all absentees of three (3) days or more, unless good and sufficient reason has been furnished you, and give to Public Health Nurse.

.....

Principal.

.....School Date.....

Name ..... Address .....

has been absent since..... .....

Teacher.

Above case visited.....191....

Cause of absence .....

.....

Public Health Nurse.

DISEASE RECORD

TO THE PARENTS:

Will you please fill out the blank below for the information and assistance of the School Department?

This information will assist the authorities to keep contagious diseases out of the school, thus safeguarding your child as well as others. It will also serve as a permanent record which may some day be very valuable to your child for reference purposes.

1. Child's Name in Full.....
.....
2. Male or Female.....
3. Year of Birth.....
4. Name of Father.....
5. Name of Mother.....
6. Number of Children in Family.....
7. Their Ages.....

I KNOW THAT THIS CHILD HAD:

Mumps when.....years old.
Whooping Cough when.....years old.
Scarlet Fever when.....years old.
Measles when.....years old.
Chicken Pox when.....years old.
Diphtheria when.....years old.

Pupil was successfully vaccinated when.....years old.

(Signed).....

Parent or Guardian of pupil.

Date..... Address.....

THIS NOTICE DOES NOT EXCLUDE CHILD FROM SCHOOL

TO PARENT OR GUARDIAN OF.....

.....School Date.....191....

We respectfully inform you that examination of the above named child seems to show an abnormal condition of the.....

.....

.....

.....

We would recommend that you take this child to your family physician or dentist for treatment and advice.

Take this notice with you to your physician or dentist and have it signed and return to me by child.

.....

Public Health Nurse.

Is now being treated by.....

Attending Physician.

A diagnosis of child's condition would greatly assist the nurse.

Diagnosis .....

.....

.....

TO TEACHER	TO PARENT
Please exclude ..... from School on account of.....	.....has been excluded from School on account of..... .....
..... Public Health Nurse.	..... Public Health Nurse.

In this system of small town record keeping we have therefore one that is legible to everybody, one that is simple and sufficiently comprehensive to include results of eight years' health supervision.

A new nurse may step in at any time of the year and take up the work without much confusion, as the records are brief and clear.

The more uniform system of record keeping tends to promote the efficiency of small town school nursing and co-operation between workers of different communities.

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*Samples of this record may be obtained from the Wisconsin Anti-Tuberculosis Association, 471 Van Buren St., Milwaukee, Wisconsin.

INDUSTRIAL WELFARE WORK IN ONE OF THE ZONES

We are privileged to publish a most interesting report which has been made by Mrs. Laurie Jean Reid, Chief Nurse in Extra-Cantonment Zone No. 14, on some of the results which she has been able to accomplish in the zone.

For some time Mrs. Reid has been working with the mill people of the ———— Manufacturing Company; this company has three cotton mills in Macon, two at ———— and one at ————, Georgia. No Public Health work had ever been attempted in any of their villages. With the exception of one village no houses were screened; this the company have now done at Mrs. Reid's suggestion, in all of their villages, and have put a policeman in each village to keep the screens closed, trash cans covered, toilets cleaned each day, and the streets and yards cleared of refuse and trash.

The Chief Nurse asked that a dispensary and milk station be established in each village, and nurses employed who would be in attendance at these stations at the proper times and look after the general health conditions of the people.

On June 1st, the company put on one nurse, who should be two days of each week in each of their three Macon villages. At the end of the month the nurse resigned because, with so much work to be done, she could not cover three villages and even scratch the surface in any one of them. During the month, however, the Chief Nurse had held several conferences with the general manager of the company, and when she went to him again on July 1st, he gave her authority to employ three nurses at $100.00 per month each, with the stipulation that they do their work under her direction and supervision. She was also asked by the company to plan and equip a dispensary, milk station, and day nursery for each village, which she did. The day nurseries are available to working mothers only.

The company then asked the Chief Nurse to establish the same work at ———— and ————, which, with the permission of the Medical Director, she did. At one village the company had put up a hospital building, since this particular village was quite isolated and the need seemed great. The Chief Nurse equipped this hospital, from the operating room to kitchen, and sent two nurses up from Macon to begin the work. A Day Nursery was also established there.

To another village one nurse was sent who was to work along general lines laid down for all the villages.

It took time and serious thought and hard work, because it was necessary to carry out the policy of the Bureau, and win the full co-operation of the company's board of directors. However, all the first plans have been put into effect and this is the present status of the work:

In each of the Macon villages there is a milk station, and a dispensary in charge of a nurse, where patients are seen, dressings made, milk modifications dispensed as required and weekly general clinics held. The nurse does her visiting in the homes generally in the afternoon, but at other times as necessity demands. There is also the day nursery in charge of a matron, with cook, maid, and laundress to assist.

At ———— the hospital is running, with a staff of four graduate nurses and two undergraduates, cook, maid, and porter. The day nursery is in charge of a matron, who also has three helpers.

At the time the report was written, a second nurse was expected very shortly at ————, as two nurses are needed there, this mill working 2,400 operatives.

The Equipment for Milk Stations is as follows:

1 Refrigerator
1 Kitchen cabinet
4 Chairs
1 Bench, 12' x 4'
2 White enamel funnels
1 Mixing bowl
2 Cooking spoons
2 Tablespoons
1 Strainer
1 1-gallon Tea kettle
1 Soap dish
1 3 x 6 Kitchen table
1 Lemon squeezer
1 Beef press
1 Paring knife
1 16-oz. Graduate
1 Small medicine glass (2-oz.)
1 Minim glass
6 Dozen dish towels
1 Chapin dipper
1 Weight scale
6 Two-quart Double boilers
3 Four-quart Saucepans with covers.
1 Boiler with wire basket
1 Gallon enamel pitcher
1 Quart enamel pitcher
6 Utensil brushes
1 Three-burner gas plate
1 Wash tub
1 Gross round bottom nursing bottles
Nipples
Small bags for sterile nipples and corks
Corks
6 Bottle brushes
1 Dish pan
6 Dish mops
Galvanized iron pails with covers for packing formulas

The Equipment for Clinic and Dispensary is as follows:

1 Operating table
1 Nurse's desk and chair
1 Dressing and utensil cabinet
1 Instrument cabinet
1 Adjustable irrigator stand
1 Revolving two-basin stand
1 Operating stool
1 Instrument stand
1 Kelly pad
1 Water sterilizer
1 Instrument sterilizer
1 Apothecary scale
1 Ether cone with dropping bottle
1 Mouth gag
1 Needle holder
1 Groove director
1 Probe
1 Tissue forceps
1 Thumb forceps
6 Haemostatic forceps
3 Sponge forceps
1 Dressing forceps
1 Pair bandage scissors
2 Pair operating scissors (one curved and one straight)
1 Curved bistuory
3 Assorted operating knives
Suture needles, sizes 6, 7 and 8
1 Dozen emergency sutures
1 Dozen tubes, plain cat-gut, size 0-2
1 Strand silk-worm gut (medium)
1 5-yd. roll adhesive plaster (Z. O.)
2 Dozen 3-in. bandages, gauze
2 Dozen 1-in. gauze bandages
Sterile gauze
Absorbent cotton
2 Clinical thermometers
1 Hypodermic outfit
1 Two c.c. Luer hypodermic syringe
1 Waste pail
2 Pus basins
2 Small sponge bowls
2 Pairs surgeon gloves
2 Dozen safety pins
1 Box applicators
1 Tongue depressor
2 Hot water bottles
6 Orange sticks, nail brushes, nail file
2 Medium Rubber catheters
1 Colon tube
1 Stomach pump
1 Pad for operating table
1 Pillow
6 Sheets, 6 pillow slips, 2 double blankets
6 Dozen dressing towels
1 Ear syringe
1 16-oz. Graduate
2 2-oz. Medicine glasses
1 Minim glass
Necessary drug supplies for emergencies.

The Company then asked the Chief Nurse to retain the supervision of their work and nurses until she can find them a good supervising nurse, which so far, she has been unable to do.

A "Family History card," daily records, and filing system after those used by the Bureau have been furnished.

This work should prove to be of great importance in the South and it is hoped that much good may be accomplished in other mill communities from this example.

It should also be said that at ———— a laundry is being built and a sterilizer, sufficiently large to hold a mattress, is being installed for the village. Also, a bath house with plunge and showers; and at the mill in Macon the bath house is almost completed. In

addition, at one of the other cities, where the need for it is obvious, a hotel for girls is now being furnished, where seventy-five girls can be accommodated. This will be run very much as the Y. W. C. A. run their hotels for girls.

The value of the Public Health Nurse in Industrial service has been demonstrated clearly during the present epidemic of influenza. Each morning, the list of absentees from the mill was given to the nurse, who investigated and immediately put under treatment all sick cases. Out of nearly two hundred cases in the three villages in Macon there was only one death.

THE CHILD OF PRE-SCHOOL AGE

BY ROSINA VOLK

University Public Health Nursing Station, Cleveland

Anyone who has been at all interested in social or public health work within the last few years could not help but feel that the child of the so-called "pre-school age" is the child who certainly is most neglected.

The question arises, what is meant by a pre-school age child? The name is of course self explanatory. A pre-school age child is one who is no longer accepted at the infant clinics because he is too old, and is still too young to enter the public schools.

Within the last ten years in many communities, especially in the larger cities, a great deal of preventive as well as curative work has been carried on among children under two or three years of age. It has been largly due to the broad educational work for this group of children that mothers have once more considered breast feeding as the child's birthright and the mother's privilege.

It has also been within this period that dispensaries have been established in the large centers for the study and treatment of infants' diseases—such as malnutrition, rickets, scurvy, etc.

Many of the dispensaries started as milk stations. It was thought if the milk supply was clean and of good quality, that was all that was necessary to ward off dyspepsia, intoxication, etc., but it was found that unless the mother was shown the proper preparation of the milk and the care of it after preparation, the pure milk was of no avail.

At present in the infant welfare stations, we have good pediatrists and it is the parents with the smaller incomes who have the privilege of consulting them.

After the baby is discharged from the infant clinics, presumably on the road to good health, we hear nothing more of him and too frequently care little what becomes of him.

At the age of six he appears at the public or parochial schools where he again receives a more or less thorough physical examination. He is then followed through the elementary school in the larger and in some of the smaller communities.

What has happened to the child in the intervening years? It is needless to say that a great deal of the constructive work which was done for the baby has been lost.

We frequently find him with rickets, which is very obvious by his "bow legs," "hot cross bun head," and large joints. Or again we find him with badly decayed teeth.

It is also during this period that the child is most susceptible to the so-called "children's diseases." There are people who, unfortunately, believe that children must have these diseases. It is true that children are not protected against the usual communicable diseases as they should be, and what is more they are even unduly exposed.

It is also at this time that enlarged tonsils appear and the adenoids first need to be given any attention, both of which if promptly treated will improve the child physically as well as mentally.

It may be interesting to glance over a few of the figures of the last United States census report—that of 1914, showing the deaths among children under five years of age.

Deaths in U. S., 1914	Under 1 yr.	1 yr.	2 yrs.	3 yrs.	4 yrs.
Measles	1,041	1,483	562	289	189
Pneumonia (lobar and undefined)	6,925	2,681	1,058	613	391
Broncho pneumonia	13,653	4,660	1,562	740	411
Tuberculosis (total)	2,449	1,684	980	658	477
Diphtheria and Croup	977	1,868	1,719	1,456	1,233
Scarlet fever	204	525	587	489	438
Whooping cough	3,899	1,549	583	299	150

The above figures are given for each year of the child's life to the age of five years. They are then grouped in ten-year periods which in itself is evidence of how important, as well as how beset with danger, these first few years of life are.

There are no morbidity statistics, but if there were, the lowered resistance of older children could, no doubt, be traced to the illnesses and physical defects prevalent in the pre-school age period.

Rosenau reports children from six months to five years of age as most susceptible to whooping cough, and showed that in the United States alone in 1906, 96 per cent of the six thousand three hundred twenty-four deaths occurred under five years of age. He also states that 90 per cent of the fatal cases of measles occur during the first five years of life and that clinical experience plainly shows the mortality is not high if properly cared for. Complications are responsible for one-third to one-fourth of the deaths.

It would seem that these figures are conclusive evidence of the need of close supervision and care for these children over infant clinic age.

At present, however, there seems to be little provision for their care. A few Infant Welfare clinics are attempting to care for them but with what success it would be difficult to say. In the clinic with which I am most familiar, we uphold strongly the need for children to be cared for at this period. At present these clinics are not equipped for their care for various reasons.

1. Because of lack of time of the physician who is paid by the Department of Health for one hour of service per day three times a week. When one considers that there are frequently twenty to thirty babies to be examined there is not much time left for the examination of older children, especially if there is nothing obviously wrong with them.

2. It is difficult to get the mothers to bring these children to the dispensary because there is so little to offer them. There are no scales to weigh the children if they weigh over thirty pounds, neither is there provision for measuring their height so that the mother may know how nearly perfect is her child.

If there could be at the Infant clinics a physician especially interested in and trained for his work, and paid for all the time necessary, or better still have a full time physician who attended the clinics and gave the remainder of his time to the Department of Health as a district physician, the value of the clinic to the community would be much increased.

Because of the small amount of time now given, the mothers are timid about asking questions of a physician who is always in a hurry. We ought not to have repeated an instance which occurred

at one of the clinics. A mother had been convinced of the advantage of keeping her well baby well and inquired of the nurse where she might take her two boys, both under school age, to be examined. At the suggestion of the nurse the woman appeared at the clinic with her two children the next clinic day. The physician in his usual hurry asked what the trouble was. The woman said, "That is what I want to find out." The response was, "We haven't time for such cases as that, we care only for babies." It is needless to say that woman did not appear at the clinic with any of her children again.

The need for a scale and measuring board is obvious in conducting such a clinic. A sample outfit of clothing for children of this age could be used to good advantage. A model small bed would be helpful. This could be used to demonstrate bed making. Especially valuable would this be in the winter when it could be made up "sleeping bag" fashion, making it impossible for the children to kick off covers.

It is understood that the question of diet must be gone over very carefully. The usual answer to the inquiry, "What does the child eat?" is "Oh, he eats everything we eat," which too often is literally true. If for instance, the child's natural craving for sweets could be satisfied with raisins, figs and dates, instead of with the usual cheap candy it would be a great factor in the prevention of upset stomachs and perhaps something more serious.

It is a recognized fact that improper diet is a predisposing factor in some diseases, for example: we know that tuberculosis which develops in adolescense and later life frequently is contracted before the age of five years. This fact alone emphasizes the need for pure food, especially milk and butter.

The nurse doing general nursing could easily follow these cases, as she is constantly going into the homes to call on a well baby or some other member of the family, and what is more clearly her duty than that she inquire about the entire family? If she is sufficiently interested in the pre-school age child it will be perfectly natural for her to lay the emphasis where it ought to be. The nurse doing general nursing has the advantage over the specialized nurse because the family come to know her and look to her for advice and suggestions which not infrequently are carried out. In communities where general nursing is not possible the Infant Welfare nurse would be the logical person to call on them.

1. Because she comes in contact probably with more families than any other public health nurse.

2. She knows how to approach the mother about the care of her children.

3. She knows how to treat and deal with the children themselves.

At a recent convention it was stated by Dr. Josephine Baker that since the United States went into the war we had lost fifty-three thousand men. During the same length of time there were nine times as many children under five years of age who died in the United States.

The above figures clearly show the need for intensive work among this group of our population. Heretofore this child of pre-school age has literally been left out in the cold. It is imperative that a broad comprehensive program for this child be worked out, not sometime in the uncertain future, but now.

THE CARE-LESS AGE

BY HANNA BUCHANAN

Superintendent, Children's Fresh Air Camp, Cleveland

The period of a child's life between the ages of two and six years might well be called the care-less age. Less care is given the child as the routine of babyhood schedules is slackened. Less care is given when the child is not of school age, and is not eligible for medical inspection and the supervision of the school nurse.

Whose responsibility shall it be to teach the mothers the significance of special care during this period of child life, which Dr. Truby King says is so highly important?

The nurse from the Babies' Dispensary instructs the mother so carefully all through the nursing and bottle-feeding period and until the child is three years old. Then the grandmothers and the neighbors appear to be the chief advisors. Or, more often the mother experiments with the variety of food on the family table, and only desists from feeding certain foods when the small child's stomach rejects it. No consideration is given the needs of the growing child's body.

It must be remembered that the needs of the body include tissue building foods, fuel foods and foods regulating body pro-

cesses. Sufficient lime salts must be included in the diet for the proper bone development and growth.

Rickets will never occur if the child is given a well balanced diet. Fried foods, pastries, pickles, meats, tea and coffee should never be given children under six years of age, tea and coffee never to children of any age.

It has been said that nature attends to every process of nutrition except two—choosing and chewing our food. If we can aid the mother in choosing the properly balanced diet for the growing child and instruct her in the care of the baby-teeth so that thorough mastication can take place, then nature will take care of the assimilation.

Emphasis must be placed upon the preservation of the baby teeth, as they lay the foundation of the permanent set. A five-year-old child was reported as never eating any solid food, and upon examination by the dentist, it was found that there were so many decayed and abscessed teeth that it would have caused excruciating pain if the child had attempted to chew solid food.

The poison absorbed throughout her system was sufficient cause for her anemic appearance.

Beginning at three years of age, the twice-a-year inspection of children's teeth is of paramount importance, and there should be district dental clinics the same as district medical clinics in order to assure the attendance of the neighborhood people.

The physical habits of the child must be closely observed and regulated. Light, warm clothing, properly fitted, will safeguard the health and habits.

The play or recreation of the child is essential for its development. Too little recognition has been given the small child in the home. The mother of a large family is so occupied with her household responsibilities that often the care and supervision of the small child is left almost entirely to the older brother or sister. This is unjust to both the small ones and the larger ones, for the play spirit should not be suppressed, and the same amusements will not suffice if there is disparity in ages. Too long we have allowed the little mothers of the tenements to sacrifice their birth rights. The opportunity to skip and swing and play should be theirs, after school and during vacation, instead of caring for the little ones.

The daytime naps should be continued from two to six years, and while it may seem difficult for the mother at first to make the

child stay in bed, yet it can soon become a part of the daily routine.

A warm daily bath should be given, and the child put to bed before seven o'clock in the evening.

It is a very good plan to permit the favorite doll or toy to be taken to bed, as the hands seek occupation when bodily relaxation takes place.

All growing children should have separate beds, and windows must remain open in the bedroom. If there is fear of a draft a muslin slip can be placed over the window screen. If the window opens onto the fire-escape, or is on the first floor, it can be opened six inches, top and bottom, and nailed in position so that no intruder can gain entrance.

Mention might be made of the indifference of many mothers to the presence of pediculi in their children's hair. The erroneous idea prevails that washing the hair eradicates the trouble. If kerosene and olive oil is used to kill the lice, it at the same time preserves the nit. The oil surrounding the capsules which enclose the nits protects them so that they remain alive for some time and later hatch. If hot vinegar or acid is applied, it causes the capsule to crack prematurely, and therefore kills the nit. Ground sabodilla seed, which can be purchased at any drug store, is poisonous but at the same time is the most efficacious thing to use in the treatment of pediculosis.

One dusting of the powder on the hair, and keeping the head capped or bound up in a towel for twenty-four hours is usually sufficient. In persistent cases, two or three treatments may be necessary. The hair should be washed the next day or two after the treatment.

NEWS FROM NURSES ON ACTIVE SERVICE

We shall be very glad if those of our readers who receive letters of general interest from nurses on active service abroad—especially Public Health Nurses—will let us have copies of them, or extracts from them, for publication in the Public Health Nurse.

THE INFLUENZA EPIDEMIC AND HOW WE TRIED TO CONTROL IT.

BY ELIZABETH J. DAVIES, R. N.

Extra-Cantonment Zone, Camp Lewis, Washington

The Extra-Cantonment Zone extends about ten miles around Camp Lewis. It includes six small towns with population varying from 200 to 700. Two of the larger towns possess resident physicians, one a health officer, but a large portion of the people live from ten to twenty-seven miles from the services of a doctor. The population outside of the towns live either on small farms, or work in the neighboring shipyards, mills or logging camps, all depending on their daily labor. The school population as taken last year numbered about 1,000 children in twenty-one school districts; this year there is an increase of about one hundred.

The U. S. Public Health Service has special rules regarding health matters in the zone, and a nurse is provided to care for the school children, reporting all contagious diseases found, following up in the homes all absentees, giving instructions regarding the welfare of the children, and making routine inspections in the school room; and when the epidemic first made its appearance we were making regular examinations of all children of pre-school age.

Here in the West we are very proud, and at times boastful of our climate, which is exceedingly temperate, and when we read of the ravages of Influenza in the East, we wondered how it would affect us. October 7th we had our first case, a mild one at American Lake, a mother of a family, but it did not spread among the other members. Three days passed before we discovered any more, but in six days cases were found in all districts, and orders were given on October 18th for the closing of all schools, which cut off a medium of infection, but also a source of knowledge. The days succeeding the closing of the schools were very hard, as so much time was wasted in finding the sick, instead of spending it in caring for them.

It was decided by our Medical Directors, Dr. C. H. Woolsey and Dr. S. W. Merritt, that the teachers must be used, so on October 27th a meeting was called of all the teachers in the Extra-Cantonment Zone, and fourteen districts were represented. A plan was propounded by which each district should be covered by the teacher every third day, house-to-house visits made, and all

sick found to be reported to the nurse by phone that evening, or before 8 a. m. the next morning. Many teachers unable to attend the meeting also kept strict watch and reported. Literature regarding Influenza was distributed widely through this source, and personal information given. In all, the teachers found about 120 cases out of 209 cases reported. In one district a teacher found five whole families sick at once, unable to get help, and in one instance the mother, with five sick children around her, died before medical help could be obtained.

In one family a married daughter from Montana came to visit her home, bringing with her a three-year-old child. The mother contracted influenza, infecting her daughter, who during the attack gave birth to a baby; the young husband arrived and came down at once with the disease, each developed pneumonia; a sister came to nurse them and she developed influenza in a few hours; another sister was telegraphed for and arrived on the scene with her family of two children, and all came down; there were not enough beds to accommodate the sick. In a period of five days all were desperately ill; in passing, it might be stated that this family recovered. In all, we had twelve full families down at once.

There is a Ford machine provided for the nurse, which certainly helps, but in this epidemic it was invaluable, as bundles of pneumonia jackets were piled in the back seat, and containers of soup were carried to those needing it. A nurse walking could not have done it.

It was very difficult to get the needed nursing care for the patients, but the Red Cross sent out one trained nurse for one night, and two practical nurses for limited periods. The Service, acting under instructions from Washington, engaged a nurse for the emergency; after four day's work she contracted influenza. Pneumonia jackets were supplied by the Red Cross Chapters, local and central. They also supplied the Department with quantities of masks.

We had no standard orders at first, but after the first few cases we made the general rule as follows: pneumonia jackets for all the sick, masks for the attendants, noting of temperature, cathartics, patients to have plenty of fresh air and copious drinks. At first the patients were carefully sponged, but with twenty calls to be made daily, many of which meant whole families sick and no doctor, the sponges were given only to those who needed it most. Patients were nursed three in a bed and, where children were con-

cerned, four to six in a bed. Doors were left ajar for the nurse, and many good neighbors, unafraid, assisted in washing dishes and in the care of the sick.

As we look back over the past five weeks, which we would not like to live over again, we are thankful for good health, so that we could help these people in their time of need. Also, our patients see Uncle Sam in a guise they have never seen him before; they may have been good citizens before, but these experiences have not impaired their citizenship at all.

Mistakes were made at the beginning of the epidemic. Patients insisted upon getting up with disastrous results; it was noticed if they were kept quite still, and supplied with plenty of fluid nourishment, along with cathartics, even if the surroundings were not good, they did well.

During the coming winter we intend to follow up all recovered cases, and do all we can to prevent tuberculosis and other diseases.

INFLUENZA IN LOUISVILLE, KY.

BY HELEN BELL LUPTON

Superintendent of the King's Daughters' District Nursing Association of Louisville

Influenza was rampant among the soldiers at Camp Taylor and we among the civilian population felt we must be ready for the catastrophe when it reached us.

On Monday morning, October 7th, a meeting was called by Dr. Norment, acting City Health Officer, and under The Federal Public Health Service. There were present the supervisors and representatives of The Babies' Milk Fund Association, the Board of Tuberculosis, the King's Daughters' District Nurse Association, and the conference resulted in the decision that nursing care was the greatest present need. Two nurses from each organization, except the Federal Public Health Service, were turned over to the District Nurse Association and began work the following morning. The original eight districts were kept, with the new nurses added as relief under the regular district nurses' supervision. The work grew alarmingly each day, and the nurses unaccustomed to Public Health work went down first, and then two more who had predisposition to "colds." All available service, trained, practical and untrained, was being rushed to the Base Hospital to care for our sol-

diers, to whom we all owed first thought in their great distress, so it was impossible to replace nurses when they became ill.

Larger masks than those supplied by the local Red Cross were made by friends, and gowns borrowed from Red Cross, those bought with private funds and those from our own loan closet were freely used. Long-sleeved aprons were used in many district homes and left with the patients.

The Women's Service League and The Louisville Automobile Club gave service daily, including Sunday, and made it possible for an average of ten nurses to make 2,589 visits during October.

The City Hospital filled to its limits and an Emergency Hospital was opened in second and third floors of a mission for homeless men. This hospital was supervised by the acting Health Officer and the Supervising Nurse of the United States Public Health Service. In twenty-four hours it was filled and patients were given excellent care under trained supervision. The stress of work lasted for a month and then rapidly declined. Since, we have been threatened with an alarming recrudescence, but radical changes of nursing personnel were not again necessary.

Opening a free soup kitchen was seriously considered, but between prompt emergency relief from Red Cross Home Service. the Associated Charities and the Emergency Hospital this did not seem necessary.

The great thing gained out of so tragic an experience as an epidemic was the ease of co-operation among Louisville's public and private health agencies. There had been little doubt of this before when we were facing a question involving our ability to work together, but staff nurse, supervisors and administrative bodies stood shoulder to shoulder without one hour lost in friction or needless argument.

The city through the Board of Public Safety, met the added expenses incurred, which were carefully tabulated in the District Nurse Association office.

Too much cannot be said in praise for the staff nurses who worked without ceasing, turned private cars into ambulances, with their owner's permission, and acted as the only distributing relief agency during those four awful weeks. We did not suffer in any comparison to other cities and yet in proportion to our staff, we felt we had really faced a serious time.

Visiting nursing is certainly a necessary part of each community, and as we read the reports of other cities and towns we are impressed with the worth-whileness of a body of nurses trained to care for the sick in their homes.

The Public Health Report for December 6th gives 3,620 cases for the week ending October 12th for Camp Taylor and vicinity and Louisville Public Health Department gives 6,233 cases reported for the entire month of October; and 9,535 cases for the entire epidemic.

THE EPIDEMIC IN JOLIET, ILL.

BY FLORENCE C. BALDWIN

Head Communtiy Nurse

During the months of October and November, Joliet was plunged suddenly into an acute and fearful Influenza epidemic. In a city of 40,000 population there were approximately 1,800 cases and 263 deaths. The Community Nurses ministered to 186 cases of Influenza and pneumonia in the homes. As a result of the fearful amount of illness and the fatalities, Mr. Wm. Buchanan, President of the Public Health Council, called on the morning of October 10th at 9:30 a. m., a meeting in the office of the Health Commissioner, consisting of himself, with the Secretary of the Public Health Council, Head Community Nurse, and two members of the Mayor's staff, to discuss and formulate plans for the use of the Country Club, about three miles from town, as an emergency hospital. The Club House was visited, supplies ordered, and by 1 o'clock the first three patients were being cared for in the new hospital. From the first hour of its work the wonderful spirit of sympathetic, comprehensive co-operation and desire to help by the citizens, both trained and lay workers, was evidenced. Men and women from all walks of life called up, asking to serve. The hospital took only influenza patients or cases of pneumonia, a direct result of the former. Beds, mattresses and linen were loaned by one of the local hospitals and the E. J. & E. R. R.; medicines and drugs were furnished at a liberal discount, many physicians giving supplies. Food and delicacies of all kinds were donated in large quantities, oftentimes dinners or suppers for the entire working force being sent all cooked ready to serve. One of the city hospitals furnished training nurses every day for five weeks. During

the existence of the emergency hospital, there were 197 patients cared for—70 men, 56 women and 71 children ranging in age from four days to fourteen years. A children's ward was opened, also a baby ward in which two Red Cross women worked daily for a week from 8 in the morning until 5 and 6 o'clock, giving their services, glad and anxious for instruction from a trained worker, so that they might better serve our babies. As a result of the work done at the emergency hospital, two child welfare stations are being opened up this week and by January 1st we expect to have one Day Nursery started. One hundred and forty-eight patients were discharged as cured, or in a condition to go home with the follow-up care of the welfare nurse. Forty-two patients died and seven patients were placed in the city hospitals at the closing of the emergency hospital.

As an illustration of intelligent team work this has been a truly wonderful experience. The volunteer untrained worker has been willing and anxious to be taught and to serve. Four years ago there was in Joliet, one community nurse. Today there are eight welfare nurses in the field, representing the schools, two industrial plants, the Tuberculosis Society and the Public Health Council; and when one realizes what this means to our people, what Joliet is doing for her own, we do indeed see the results of the noble women who blazed the trail for Public Health work.

HOW ONE PUBLIC HEALTH NURSE HELPED DURING THE EPIDEMIC

Editor's Foreword:

There has come to our attention a letter which was written a short while ago by a Superintendent of the Metropolitan Life Insurance Company to one of the officers of that Company, in regard to the work of one of the Metropolitan nurses during the influenza epidemic. We have decided to publish this letter, for two reasons. First, there is a tendency on the part of some persons to belittle the nursing care given during the epidemic; and secondly, on the other hand, in those cities where the Public Health Nurses did much investigating and instructing and gave no hand service the criticism from the public and the medical profession has been too serious to go unchallenged; in the cases where the nurses went right in and did their best under trying conditions, that best was appreciated.

It seems to us that we are making a very serious error if we say that nursing care is the least important part of the service of a Public Health Nurse. Ninety per cent of all the graduate nurses in the country are trained to give nursing care, and until they are trained to give something else it is hardly right to take three years of their lives in which to teach this, and then underestimate its value. There are graduate nurses and many undergraduate nurses who will never be able to do much more than give good nursing care. Instructive work and constructive social work is beyond them unless they post-graduate; and if we speak of nursing care as if it were unnecessary or unimportant in such a condition as faced this country last October, it would surely seem as if we were cutting off the right hand of the nurse and introducing a poor substitute.

A critical person might, perhaps, say that the half day spent by this Metropolitan supervisor in the district of Anderson, Ind., was not of great value—that she would have done better to have remained in the City Hall and directed the operations of less skilled persons; but the fact that a person of quiet ability went into that grief-stricken town, borrowed a kitchen apron (because no other kind was available), jumped into a cab and went from home to home, did more to convince the officials and directors that she knew what she was talking about than any amount of conference could have done. Having made her demonstration, she got the emergency hospital, she got another nurse for the district, she got people calmed down so that they could think and plan wisely, and she has left a very warm memory of efficient nursing service in the minds of many people in two Indiana towns.

We have heard of cases in which graduate nurses refused to care for influenza patients, thus greatly increasing the burden of those who were trying to meet the emergency; but for every case of an indifferent, selfish, or poor graduate nurse during this epidemic one hears of forty or fifty cases where nurses were simply splendid and heroic. We know of visiting nurses who were stopped on the street by physicians who offered them ten dollars a day if they would leave the Visiting Nurse Association and work for these special physicians, and the nurses, of course, were amused by the proposition. Another visiting nurse was told that she would be given her own price if she would leave the association and take care of one family, the father saying, "I will pay you a great deal—lots more than you are worth, if you will only come." The nurses re-

garded these things humorously; viewed impersonally, however, it is a sufficiently serious matter to offer anyone who is the sole support of a dependent relative, seventy dollars a week when she is earning about twenty-two; but it never even occurred to those visiting nurses that they could consider such offers seriously. Surely we all have reason to be proud of our Public Health Nurses and of an esprit de corps which puts them beyond temptation in such matters.

We have not yet reached the stage where it is wise or profitable to minimize the importance of bedside nursing, and many important changes must come about before we cease to believe that the visiting nurse teaches best through her hands.

Mrs. Helen LaMalle, the nurse about whom the following letter is written, is the Middle West Supervisor for the Metropolitan Life Insurance Company; she is a graduate of Mercy Hospital, Chicago, and was for ten years a member of the staff of the Chicago Visiting Nurse Association, as field nurse, school nurse, supervisor and registrar. She has been a Metropolitan Supervisor for about one year.

Muncie, Ind., December 16, 1918.

In re—Mrs. LaMalle,
Dr. Lee K. Frankel,
Third Vice-President,
New York, N. Y.
Dear Sir:—

I believe it is only right that I should call your attention to the splendid work done by the above named for the three days she was in our district.

On Monday morning, December 9th, she and I visited Anderson and immediately upon arriving there, attended a meeting of parties interested in public health, including the President of the Chamber of Commerce, Dr. Rolland, a physician sent by the Government to take charge of the influenza epidemic that is raging fiercely in that city, and the Visiting Nurse Association. All local people were in a panicy condition over the situation, which up to that time they had been unable to cope with. The Visiting Nurse Association had been operating with only one nurse in the field. She was doing the very best she could but was practically helpless to handle the calls, which were running from thirty to sixty a day. Mrs. LaMalle suggested that she be given all the calls in one-half of the city. The Visiting Nurse Association furnished her with a taxicab and she started about 1 o'clock, working intensely until late in the night, making every call assigned to her before quitting.

I accompanied her on some of the calls and personally witnessed the excellent work which she performed. Many cases the entire family was stricken and helpless. Some of them had not had an outsider enter their

home for days. Physicians are especially scarce, due to the fact that eighteen or twenty of the most active and proficient have enlisted in the army, and it was to people who had been denied medical care that she directed her efforts and succeeded in relieving suffering to a very great extent. She made arrangements in many cases where she visited for removal to the emergency hospital, thereby undoubtedly saving many lives.

At a meeting of the Medical Society which was attended by Dr. Owens at about 10:30 that night, he publicly praised the effective work and cooperation rendered him by Mrs. LaMalle and further stated that without her assistance the situation would be much more serious than it was. We returned late that night to Muncie, where the next morning she did just the same kind of work in the city, for in company with members of the Visiting Nurse Association, who furnished her with an automobile, she made numerous calls, giving bedside care and making provision for the proper care of the afflicted people. While here she recommended installment of an emergency hospital, which recommendations were acted upon and like in Anderson, her efforts were gratefully acknowledged. She set an example for the four visiting nurses operating in the city, held a meeting with them in the evening for the purpose of stimulating them in their work and I might add that since her visit, due to her efforts, the epidemic is well in hand and lives that doubtless would have been lost have been saved.

On Wednesday she returned to Anderson and renewed her efforts in that city under direction of the Government physician. The situation has changed in Anderson from one which was extremely panicky to almost absolute control. Forty or fifty patients are now being properly cared for in the emergency hospital. An additional visiting nurse has been secured, who, together with other workers, is able to give some care and attention to those who cannot be taken to the emergency hospital. Doubtless numerous lives have been saved in those two cities because of her tireless efforts, and interested parties in both places are convinced that if women of Mrs. LaMalle's ability and broad impulse were available that the terrors of this disease would be minimized materially. She has demonstrated what good care and nursing will do and she has gained for the Metropolitan an endearing place in the hearts of many of these poor afflicted people who were in a deplorable condition before her visit. When she left Anderson at 11:30 Wednesday night she was just about completely worn out physically but evidently fully compensated by the satisfaction of having rendered a genuine help to an afflicted people. May the power of the Metropolitan in this God-given work never diminish.

Yours truly,

(Signed) J. T. LYNCH,
Superintendent.

SOME SIDE-LIGHTS ON THE INFLUENZA EPIDEMIC

When the influenza epidemic first began in Chicago and the calls to the Visiting Nurse Association became heavy, a special out-going telephone wire was put into the main office. One of the directors went to the telephone company and made a special appeal for it, with the result that the wire was put in within twenty-four hours. In consequence of this, the two other wires were used almost entirely for incoming calls, thus making it very much easier to get through to the Association, and preventing interruption of the Registrar, who had to send out hundreds of calls and messages daily, because no one could use her wire as an incoming one. This additional wire has been found so valuable that it is still in use; its cost is less than $20 a month, and it has been worth very much more than that in the amount of energy which it has saved.

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Some interesting examples have come to us of the way in which the so-called "outsider" has been able to help in the epidemic. In Chicago, to quote one instance, Miss Minnie Patterson offered her services to the Visiting Nurse Association; she had been working with the Americanization Committee in the public schools, and as the night schools were closed and the mothers' classes given up she gave her full time to the Association. She was asked to interview and assign aids, and from the first minute took every bit of this responsibility off the office—interviewed and telephoned the aids, received requests for them, assigned them, saw that they were supplied with masks, paper towels, paper napkins and instructions. She helped to keep the office open until 10 o'clock in the evening, went down on Sundays, saw to it that the office force and everyone else went out for lunch, and enabled the Superintendent and her assistant to go home for the first night's sleep in some days, by taking charge of the office at night—a responsibility which Miss Foley and Miss Westphal had just naturally assumed along with their other duties.

Then again, not a day passed but two or three of the Directors of the Association came to the office; they filed cards, cut clippings, ran errands, brought money, did anything that was helpful —no service seemed too big or too little for them.

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In Peoria, Miss Jeanette Kipp, Superintendent of the Public Health Nursing Association, was a nurse short and went out into

the district herself. She found desperately sick people uncared for, and decided that an emergency hospital must be established. Before a week was over she had three—one for men, in the Knights of Columbus Hall; one for women in the Ladies of the Maccabees Hall; and another in the Woman's City Club. Fortunately all these rooms were on the second floor, and each hall had a good bathroom; a kitchen in charge of a very efficient dietitian was established in the City Hall, and food was carried by automobile from the kitchen to the emergency hospitals. Furniture for one hospital was secured from a large local hotel, for another from a summer camp for girls, and for the third from a closed tuberculosis sanitorium. In at least two of the hospitals prominent specialists gave full time service. Physicians sending in patients might either attend them themselves, or turn them over to the men in charge. Of course there was a shortage of graduate nurses, but there were enough to have two or three nurses at each hospital, and aids helped splendidly. Consequently, in spite of the fact that the two local hospitals absolutely refused to admit any cases of influenza, these three emergency hospitals did a wonderful service and met the need. A prominent physician stated that few people appreciated how much Miss Kipp had done in so promptly establishing these centers, and that practically all the credit for getting them started and into action was due to this nurse.

THE POLISH GREY SAMARITANS

BY ELSA M. BUTLER

Executive Secretary

An interested observer walking up Fifth Ave. about the middle of October would have seen a group of girls wearing grey-blue capes and Polish military caps looking quite like a flock of blue birds alighting on the streets of New York City. Perhaps the interested observer (of whom there are many) would presently have timidly plucked a cape and said "What is this uniform?" The reply would have come proudly "We are the Polish Grey Samaritans training for service overseas amongst our own Polish people."

Almost a year ago Madam de Turczynowicz, who is known to a large reading public through her book "When the Prussian Came to Poland," approached the War Work Council of the National Board of the Young Women's Christian Association with an appeal to train Polish young women in this country for service overseas

amongst the poor war-stricken people in devastated Poland. The War Work Council felt that no work could be more in keeping with the fundamental principles of the Young Women's Christian Association than this education of young women, having for its goal service for others and, through service, deeper development and spiritual insight. And so the Polish Grey Samaritans movement was undertaken.

The interest and co-operation of thinking Polish leaders was sought to launch the movement and help direct the policies. Therefore, at the outset, a Central Committee was formed consisting of members from the Polish Reconstruction Association, Incorporated, and the National Board of the Young Women's Christian Associations. This Committee felt that the same joint responsibility should be shared likewise in the local centre where the recruiting of the Polish Grey Samaritans would be done. To a certain extent the recruiting took care of itself, for word spread like wild fire amongst the Polish girls in the United States and in an incredibly short time groups of young women were clamoring to be organized.

In each community where a group of Polish citizens was interested in seeking the co-operation of the Young Women's Christian Association in this plan, joint committees were appointed, with representative members from both sides. The general secretary of the Young Women's Christian Association and the executive secretary of the International Institute Branch for Foreign-Born Women were ex-officio members. The local committees received the applications, registered all applicants, selected the probationers and maintained an active interest in their training. At the end of the course, the local committee recommended probationers for advanced training on the basis of written examination papers which were then submitted to the Central Committee at the National Board building.

A probationary course, it was felt, would try out a girl's aptitude for intensive work and her desire for service, based not upon a momentary desire but upon self-sacrifice and training. For this reason a program including a course in first-aid, some gymnasium work and a social hour was worked out. Any girl might enter this probationary course whether or not she planned to enter the intensive training course for overseas service. Such courses were put through in eight centers, St. Louis, Milwaukee, Detroit, Bay City,

Rochester, Cleveland, Pittsburgh, Trenton, with about 300 completing the work.

The next step was a course in Home Hygiene and Home Care of the Sick under a Red Cross instructor, followed by experience in one of the local hospitals, covering a period of from six weeks to six months and varying with local conditions, according to the advice of the Local Committee. From this group about 100 have been recommended by the local committees for the intensive training course.

In order to give these girls uniform training and to test their capacities for receiving this training, it was deemed advisable to concentrate the girls in one spot and New York City was chosen as the place affording the most advantages for this course. Since the Government had taken over all available places in New York City which could house any large group of people, to accommodate women waiting for overseas service, such as Red Cross nurses, nurses' aids, telephone operators, etc., it was necessary to find several private houses to accommodate one hundred Polish Grey Samaritans who were clamoring for intensive training. Headquarters are located at 51 E. 53d St. and three other houses, No. 54, No. 52 and No. 37 are being equipped as auxiliary houses and will be ready for occupancy on Jan. 1st.

While a girl is taking her probationary course, only her evenings are given over to study. As soon, however, as she enters upon her hospital course, it is necessary for her to cut loose from her job, which is her source of income, and so the Young Women's Christian Association, in addition to furnishing a uniform, gives a scholarship of $50 per month to make the training possible. Upon arrival in New York, the scholarship continues, with this difference, namely, that a charge is made for board, leaving ample margin for personal equipment, carfare, pleasures and other incidentals. The basis for determining the size of the scholarship has been the amount necessary to maintain health and efficiency. No young woman with physical defects, or with dependents is eligible for intensive training.

For a certificate from the Polish Grey Samaritan Training School, the following subjects are required:

Red Cross Certificate in First Aid

Red Cross Certificate in Home Hygiene and Home Care of the Sick

Red Cross Certificate in Home Dietetics
Hospital course for Nurses' Aid
Language (English or Polish)
House Craft and Sanitation
Family Problems and Case Work
Child Problems
Disaster Relief
Gymnasium Work and Folk Dancing
Required Field Work
(a) With families in Distress under direction of Charity Organization Society
(b) With families in Sickness, under direction of Henry St. Settlement

In addition to these required subjects, there are also a number of electives, including French, Polish History, European Geography.

The Red Cross has furnished the instructors of the Home Hygiene Course and has been most helpful in an advisory capacity. The New York School of Philanthropy has taken over the teaching of the Cleveland unit for its social work. The interest shown by the Charity Organization Society and Henry St. Settlement has been most gratifying. Perhaps affiliations with other social agencies may be worked out later.

Doubtless some one is asking what the goal of the Polish Grey Samaritans is. They have taken a pledge to bind up the wounds of suffering Polish people, wherever they may be. Most of them will go overseas; a few will remain behind to work amongst their people here. With the magnificent spirit, and with the consecration to a sacred cause which they have shown in training, they surely will bring to Poland the best America has to offer. So let us wish for them an early opportunity for service overseas, since poor bleeding Poland needs them!

PHYSICAL DISQUALIFICATION AS SHOWN BY THE DRAFT

Many references have been made to the very serious conditions of physical impairment which have been made known through the medical examination of young men called to the military service of their country by the draft. Of so much importance are these findings to those interested in matters of public health that we are here publishing a considerable part of that section of the report of the Provost Marshal General on the First Draft, which has reference to rejections for physical disqualification. While it must be borne in mind that rejections for military service do not bear quite the same interpretation as do those of rejections in life insurance practice, or in examinations for civil positions, because the examination has a strictly military end in view, yet the fact remains that practically 35 per cent of the young men examined in connection with the draft were considered quite unfit for active military service, on the ground of physical disqualification.

In order to throw light on the absolute physical condition of draftable men, it is necessary to examine the proportion of physical rejections to all persons physically examined. The figures according to the report are:

Physical rejections.	Number.	Per cent.
Total examined physically by boards	2,510,706	100.00
Total rejected by local boards	730,756	29.11
Total accepted by boards	1,779,950	70.89

Thus it appears that the *percentage of physical disqualification* to all men examined was approximately 29 per cent. Appendix 12 shows the variant figures for the several States.

But the physical examination at the local boards was further supplemented by a second examination of the accepted men at the camp by *camp surgeons*. What was the result?

The total rejected at camp to Nov. 20 was 29,709, or 7.16 per cent.

This percentage, 7.16, however, is not the criterion of the superior strictness of the camp surgeons over the local boards, because the men arriving at camp included a large number who had failed to appear at all before the local boards. These men had been certified to the district boards and reported to the State adjutant general and then had been searched out and sent forward directly to camp by the adjutant general without prior physical examination at all; thus, obviously they must not be included in comparing the revisory work of the camp surgeons with that of the local boards. An inspection of a sample series of records indicated that this class of men accounted for about one in every four rejections. The proper basis for comparison is, therefore, the ratio of rejections by camp surgeons of men already physically examined by local boards to the total of such men arrived in camp.

This comparison shows that the percentage of men accepted by local boards who did not measure up to the standards of the camp surgeons was only 5.8 per cent. This small figure is a remarkable testimony to the efficiency of the local board surgeons.

Rumors here and there in the public press stated that the camp surgeons had discovered, among the men accepted by the local boards, some with glass eyes, some with cork legs, and some with other obvious disqualifications. If such men were found, no disparagement is involved for the local board surgeons; for it is safe to assert that such grossly defective persons came from the contingent of about 20,000 men who had never appeared before the local boards, but had been gathered up by the adjutants general and sent direct to the camps.

Of the various *grounds for rejection,* which were the most common? It must be left to the future to study accurately the valuable mass of data now latent in the records. Time has sufficed only to examine a small group of the records of rejection; 10,000 men were represented, spread over eight camps. The specific source of defect showing the largest percentage was *eyes;* and the next largest, *teeth.* The figures for the principal causes of rejection are as follows:

Causes for physical rejection.	Number.	Per cent.
Total number of cases of physical rejection considered..	10,258	.....
Alcoholism and drug habit	79	0.77
Physical undevelopment	416	4.06
Teeth	871	8.50

Blood vessels	191	1.86
Bones	304	2.96
Digestive system	82	.80
Ear	609	5.94
Eye	2,224	21.68
Joints	346	3.37
Muscles	66	.64
Respiratory	161	1.56
Skin	118	1.15
Flat foot	375	3.65
Genito-urinary (non-venereal)	142	1.39
Genito-urinary (venereal)	438	4.27
Heart Disease	602	5.87
Hernia	766	7.47
Mentally deficient	465	4.53
Tuberculosis	551	5.37
Underweight	163	1.59
Nervous disorder (general and local)	387	3.77
Ill defined or not specified	93	.91
Not stated	809	7.89

As between *urban* and *rural* residents, the figures throw an interesting light on the much-discussed question of the relative physical condition of country and city boys. Selection was made of a typical set of cities of 40,000 to 500,000 population, having no large element of foreign immigrants, and distributed over ten different States (Alabama, Arkansas, California, Colorado, Kansas, Montana, Nebraska, New York, North Carolina, and Texas), and a corresponding set of counties of similar total size located in the same States, and containing no city of 30,000 population; the total number of registrants represented was 315,000. The comparison results as follows:

Urban and rural rejections.	Number.	Per cent of examined rejected.
Urban areas, total persons physically examined	35,017	.....
Accepted	25,048	71.53
Rejected	9,969	28.47
Rural areas, total persons physically examined	44,462	.....
Accepted	32,030	72.04
Rejected	12,432	27.96

The result, therefore, is virtually a tie for the country boy and the city boy.

APPENDIX TABLE 12.

Proportion of Physically Examined to Physically Qualified.

	Total examined physically.	Physically qualified.	Ratio to total examined.	Physically unfit.	Ratio to total examined.
United States	2,510,706	1,779,950	70.89	730,756	29.11
Alabama	47,867	36,369	75.98	11,498	24.02
Arizona	12,356	9,352	75.69	3,004	24.31
Arkansas	41,557	29,777	71.65	11,780	28.35
California	95,647	70,614	73.83	25,033	26.17
Colorado	21,089	15,174	71.95	5,915	28.05
Connecticut	29,002	15,575	53.70	13,427	46.30
Delaware	6,258	4,155	66.40	2,103	33.60
District of Columbia	3,697	2,668	72.17	1,029	27.83
Florida	20,505	14,839	72.37	5,666	27.63
Georgia	65,946	46,394	70.35	19,552	29.65
Idaho	8,317	6,522	78.42	1,795	21.58
Illinois	187,535	139,091	74.17	48,444	25.83
Indiana	70,948	51,931	73.20	19,017	26.80
Iowa	40,961	31,875	77.82	9,086	22.18
Kansas	23,555	18,189	77.22	5,366	22.78
Kentucky	60,231	41,345	68.64	18,886	31.36
Louisiana	38,385	26,787	69.79	11,598	30.21
Maine	8,511	4,888	57.43	3,623	42.57
Maryland	30,922	21,667	70.07	9,255	29.93
Massachusetts	83,796	54,067	64.52	29,729	35.48
Michigan	123,161	90,409	73.41	32,752	26.59
Minnesota	55,450	42,109	75.94	13,341	24.06
Mississippi	29,117	21,315	73.20	7,802	26.80
Missouri	76,040	55,655	73.19	20,385	26.81
Montana	24,092	18,601	77.21	5,491	22.79
Nebraska	26,377	21,063	79.85	5,314	20.15
Nevada	3,737	2,607	69.76	1,130	30.24
New Hampshire	5,073	3,110	61.30	1,963	38.70
New Jersey	90,710	62,650	69.07	28,060	30.93
New Mexico	8,808	6,287	71.38	2,521	28.62
New York	322,082	223,754	69.47	98,328	30.53
North Carolina	59,879	42,048	70.22	17,831	29.78
North Dakota	17,605	13,654	77.55	3,951	22.45
Ohio	167,828	124,057	73.92	43,771	26.08
Oklahoma	58,896	45,920	77.97	12,976	22.03
Oregon	2,622	1,947	74.26	675	25.74
Pennsylvania	161,323	86,029	53.33	75,294	46.67
Rhode Island	9,379	6,309	67.27	3,070	32.73
South Carolina	35,681	25,581	71.69	10,100	28.31
South Dakota	8,296	6,294	85.87	2,002	14.13
Tennessee	51,887	36,875	71.07	15,012	28.93
Texas	119,779	91,312	76.24	28,467	23.76
Utah	9,947	7,482	75.22	2,465	24.78
Vermont	5,141	2,888	56.18	2,253	43.82
Virginia	43,243	30,794	71.21	12,449	28.79
Washington	29,823	22,155	74.29	7,668	25.71
West Virginia	19,457	12,262	63.02	7,195	36.98
Wisconsin	45,838	33,660	73.43	12,178	26.57
Wyoming	2,350	1,844	78.47	506	21.53

THE NEED FOR PIONEER WORK

Those of us who have lived and worked only in centers where some more or less efficient form of public health organization is a matter of course—where provision is made for the care of tuberculosis, for infant welfare, the care of school children, etc., often in a highly specialized manner—are too apt to forget that in some parts of the country public health work of any kind is almost unknown, or is looked upon from a point of view that is ten or fifteen years behind the times. Many communities—even those which, in many other matters, may fairly be considered up-to-date—offer opportunities for the truest and most self-sacrificing kind of pioneer work in this respect; and the Public Health Nurse who has the real missionary spirit need not look very far to find opportunity to exercise it.

Some while ago particulars in regard to a case of this kind came to our attention. A well-trained nurse, whose experience had been acquired in a large city, went to a town in one of the Western States to take up tuberculosis work in a town in which the need for public health work had not been realized, and where the conditions were such as only an unusually brave and ardent spirit could have faced. On her arrival, this nurse had no organization for carrying on her work, no office, very few of the local people were interested, and the existing conditions she described as follows:

The people here certainly have a tuberculosis problem and it is going to be very hard to solve. There is no sanatorium in the state. They apparently have no trained chest men. They do not seem to recognize first stage cases and they send all the people who come to them to Colorado if it is at all possible for them to go. If not, they do not pay any further attention to them. No one has time to consider these cases. If a case comes up who has no home and no place to stay, a tent is put up for him on the grounds of the County Poor Farm and he dies there. The leading chest man in this town examines patients with their clothes on, loosening them a little bit, and putting his ear to the chest. No one takes X-rays. They have one X-ray machine in one of the hospitals here, but I am told that it has never been used. They have no laboratory either, so no sputum can be examined.

There are four hospitals here, all private ones. You cannot get a patient in for less than $18.00 a week and that is a ward bed. The county has a contract with one hospital where county poor cases may be sent. These patients are placed in nothing more nor less than the attic. I visited the place one day. There is a great deal of typhoid here. They had five cases in this attic and the nurse on the second floor came up to take care of these patients whenever she had time. She had ten patients on her floor, so you may know

how much time she spent on the attic patients. The Head Nurse told me that most of the typhoid cases died, their vitality being so low that they could not save them. I wish you could have seen two little boys up there, they were so thin and had such a high temperature. They had no ice caps and their beds hadn't even been made and it was almost 4 p. m. when I saw them. The hospital conditions are very bad.

The inhabitants of the town are all so busy making money that they have really not become aware of the conditions which exist around them. Millionaires are common here.

The milk is very bad. In the health survey not one dairy came any ways near the standard. The water also is bad, as it contains so much chlorine. Everyone buys bottled well water, but this was also found to be polluted. I am mighty thankful that I have had my typhoid serum.

Do you wonder why I am discouraged? Before I came there were three nurses doing public health work, a Metropolitan nurse, a school nurse, and a company employing a welfare nurse. The Humane Society has one social worker. The Humane Society here is the same as our Associated Charities at home.

A little later this nurse wrote:

The work is progressing very slowly. We have organized, appointed some special committees and had two meetings which were fairly well attended. On our board we have both men and women who represent many different occupations. The president is an enterprising young attorney, quite well known; he is also a man of very large means and appears to be very much interested in the work.

I have been given desk room in the office of the Red Cross Home Service Department. They had a number of cases that were suspected of tuberculosis, also the names of forty-four soldiers who have been discharged from service because they are tuberculous. I have visited most of these homes and I find that it is much easier to get into their homes if I come from the Red Cross Office. I seldom mention the words tuberculosis or consumption, as I have found that it has a very depressing effect upon the people to whom I am talking, so I talk on general health problems.

We know that this city has a tuberculosis problem, but I most certainly do not know how I shall ever be able to help solve it; this is the first time that I have ever tried to work in a place where there was absolutely nothing to work with; we have no place in this state where tuberculous cases may be sent. Even the doctors tell me, "If the patients cannot afford to go to Colorado or New Mexico there is no use to bother with them—just let them die at home." They say it is simply a waste of time to try to teach these people how to live and take care of themselves. I have, however, met two or three doctors who were interested and believed that something could be done.

I have come to the conclusion that most of the better trained doctors have gone to the army and have left only those men representing an earlier tradition in these matters to take care of the people. The health officer said, when asked about the present influenza epidemic, that the disease would simply have to run its course, that there was no use to try to quarantine the cases, and

the city did not try to do anything until the Council of Defense and the Red Cross took the conditions in hand and insisted that something must be done.

The newspapers have helped me a great deal, as they have given me all the space I asked for and they have insisted upon keeping the work before the public. At first I rather hesitated about using the papers so much, but I have been convinced that it is a very good thing to do.

It seems to me that the most crying need in this town is a general dispensary and a city hospital, although I am afraid it will be a long time before it will have either. The town has grown so rapidly that it has not been able to keep up with itself. The water supply is most inadequate; last week for three days we had no city water at all. The hospitals were in a terrible state of affairs. The sewerage system is very poor.

Despite all the difficulties, it is evident from the second letter that progress had already been made. An organization had been formed, composed of both men and women and representing varied classes of people; desk room had been found, and already the nucleous of tuberculosis patients had been discovered in a number of suspected cases and soldiers discharged from the army on account of this disease; the press was interested and apparently quite ready to back up the nurse in her efforts to create public opinion.

This nurse had soon found that it was better not to try to approach her work just from the point of view of tuberculosis—that only frightened her patients; the word "tuberculosis" is sometimes very terrifying, and occasionally nurses who afterwards become special tuberculosis workers have found it advisable to begin their effort from quite another angle. We know of one tuberculosis nurse who succeeded in getting her first open air room by actually producing the names and addresses of over forty children who were below height and weight and school grade for their age; in that way she started tuberculosis work, but the town thought of her as a school nurse and the families were never afraid to have her as a visitor. The pioneer nurse must have a very open mind and must be prepared to change her plans in accord with the needs of her community and her ability to convince and persuade the people to realize their own conditions.

The pioneer must not only be an ardent missionary, however, it is absolutely necessary that she should be a nurse with the best kind of training. Some of us are apt to think that a poorer grade of service will meet the needs of the more distant and less advanced communities and that the capable, well-prepared women should be found in the large cities where they can have the advantages of fine equipment, the latest scientific knowledge and a broad scope for the exercise of executive ability. It certainly means a great deal of self-

denial on the part of the highly trained woman to leave these advantages behind her; but it is half the battle won *to start the work well,* and the well-intentioned efforts of nurses untrained in public health work have often made a difficult situation still worse and left for their successors many unnecessary complications which only the greatest skill and tact could unravel.

At this particular time, when so many nurses will shortly be returning from war service, many of them, perhaps, to enter a different field of service from that which occupied them before the war, we need to keep before us very constantly and clearly the needs of these communities which are just becoming alive to their own shortcomings and responsibilities. The number of Public Health Nurses must be so greatly increased that these awakenings of conscience can be immediately taken advantage of, and that the message shall not be, time after time as it is at present, "The people are alive to the need—we could begin work at once, they are crying out for it—but—we cannot get a Public Health Nurse!" And we must remember that when people want a thing badly enough they will take their own means to get it; and if the *trained* Public Health Nurse is not forthcoming some person without that necessary training will be put in her place, and in many communities a card castle will take the place of the well-built structure the foundations of which have already been well and truly laid.

CHANGE OF ADDRESS

We again ask our subscribers to notify us of any change of address. It is not sufficient to notify the postman or post office of change of address, as magazines which go as second class matter cannot be forwarded without excess postage. It is necessary, *if you want your magazine,* to forward any change of address to 612 St. Clair Ave. N. E., Cleveland, Ohio, before the 15th of the month preceding publication.

THE CHURCHES IN ROUEN ARE THE MOST EXQUISITE THINGS

WAR AND THE PUBLIC HEALTH NURSE

WITH OUR NURSES IN FRANCE

Dear ————:

I have been trying to get time to answer your letter, but never seemed able to manage it. Now I have a few days in hospital and have a little time to catch up. I got the "flu" a few days ago and they put me to bed, but, thank goodness, I am almost well again and able to be out. The influenza and pneumonia are alarming here. The men and women, too, are dying on all sides and there is no way of saving them. I have been in the pneumonia ward on duty and I have never seen so much misery together before. The poor fellows just gasp for breath until they die. It seems hard that they must die on the eve of victory, they have suffered so much to win.

The great news that the armistice had been signed came through today about ten o'clock. There was wild excitement and cheering in the wards. Some of the girls who went downtown said the excitement was intense. The English Tommies were shouting and the French people were nearly mad—kissing each other and shouting "La guerre est finie." It's rather tough to be in the hospital, and tonight of all nights. How I should love to be in Paris or London. Just think, old London is to have lights tonight for the first time in four years. Since they lack electricity and gas they have asked the people to keep up their shades to help light the streets. For the first time in four years our boys can lie down without fear of being killed. Oh, it is a wonderful day for us all.

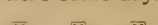
There will be a long hard time of readjustment. Many of the nurses are already beginning to worry about their future, but nothing can equal the misery of the past four years. We do not know when we shall get home. It will probably take some time to transport us all over—but as long as the fighting is over we don't care for anything else.

I have been doing a bit of traveling about France lately. In a month I have been in four different hospitals. We had two days at Rouen, which is a delightful city. It is a new old city, the ancient capital of Normandy. It is about eighty miles up the Seine from the Channel and lies among the hills. Since the war it has been a great base for English soldiers and also for hospitals and the place has dozens of hospitals. We were billeted in an English hospital and what was my surprise to learn that the Lakeside unit was just across the road. I walked up in the afternoon to see them and they almost fell over when they saw me.

The churches in Rouen are the most exquisite things; I wish I had the language to describe them properly. They remind one of a most exquisite jewel case made out of stone and glass and beautiful paintings. The men who gave their lives to build these churches must have been much more truly religious than we. We saw the place where poor Jeanne D'Arc was imprisoned and the spot where later she was burned by the mob. Later we spent the night at Amiens. Poor old Amiens; it is pretty much battered about. We

arrived about 2 a. m. and walked to our quarters, through these ruins the outlines of which we could see silhouetted against the sky. Everything was so dark and quiet it gave one the feeling of walking in a cemetery and an odor of lavender about added to the impression. In the morning we walked about a bit and saw some of the damage done. The people are beginning to come back but they have a dazed look as they prowl around in the débris. The cathedral has not been damaged, but it, too, has an unreal look. The windows have been shattered and all the beautiful paintings and statuary have been removed and the birds fly in and out of a huge shell hole in the roof. All France trembled for the safety of this cathedral for it was one of the most beautiful in France.

France has so many treasures. Without knowing how to fully appreciate them, I have enjoyed them wonderfully and shall miss them when I come home. You must plan to come over here some day.



U. S. Base Hospital No. 82, American Exp. Forces.

My Dear Miss Lent:

We left New York Sept. 8th—finally—arrived in Liverpool on the 21st; spent two wonderful days in London, then on to Paris. Of course, we were handed over to the Civilian Department. We had a most interesting series of talks on the subject of the refugees, from all different points of view. A lovely Frenchwoman, wife of the Professor of Economics at the University of Paris, gave us an outline of the political conditions in the different departments, especially in relation to the relief problem, the government pensions and the Red Cross. She spoke in French—(good for my French, but bad for my better understanding of the problems!). Then we had several talks on housing problems—which after all are the most vital problems now—on agriculture, and finally on sanitary and health conditions. It was most interesting. Then Miss Stimson, a member of the Unit Committee, by the way, got hold of us. She was all "military." Just at that time, you see, we had no *idea* that the war was nearly over, and certainly the U. S. Military was the crying need. And so without more ceremony I was sent to Hospital No. 82, U. S. Base, and a week later the rest of the Unit went to a hospital near Nantes, I think, to do hospital hut work. This all was with the complete understanding that we were doing "military" work only temporarily, and as an emergency. And there was no doubt an emergency. My first day I was put on a ward where there had been no nurse (it had been open ten days) and there were *one hundred and ninety patients!* Of course, they were not all seriously ill, but the need was to discover those who really were ill and give them what they should have. It was very interesting and I am grateful for the opportunity to have done the work.

But now that peace has come, of course, everything is different. We have enough nurses—although most of them are Public Health ones here!—and soon we will have too many, I hope. Miss Stimson has promised that I shall be returned to the Unit or to some other Public Health work at latest within three months. Selfishly, I cannot help but be glad for this chance to work in a military hospital, and as things have come out, I suppose nothing matters seriously. We are all so very much better off than we even dreamed

of being by the end of this horrible war. This is a marvelous country. I had a ride "to the front" the other day and saw many interesting things—shelled village, wrecked cathedrals, German-French-American trenches—but, best of all, lines and lines of happy American boys marching back from the front. It was two days after the armistice went into effect! That was a joyful sight. With all good season's wishes,

Yours sincerely,

GERTRUDE E. HODGMAN.

A TALK TO STUDENTS OF THE ARMY TRAINING SCHOOL

World peace and greater opportunities for service was the keynote of Miss Lent's talk to the students of the Army Nurses' Training School at Camp Meade on the 21st of November, 1918.

"We need you," she told them, "more than we have ever needed you before. Great fields of activity are opening up before us, such avenues of opportunity as none of us had ever hoped to see in our life-time. The war is over, but the great work of rehabilitation is only just beginning, and in the constructive program now being outlined in high places, the Public Health Nurse will play an increasingly important part. There is great need for the highest type of woman, the woman with a love for humanity, with the vision of a strong race of healthy men and women. Florence Nightingale has called nurses the happiest women in the world—happy because it is born in the heart of a woman to want to help humanity, and in the career of the nurse she finds the answer to her prayer. To the Public Health Nurse particularly comes the opportunity to go into the homes of the people and do for them the humble things—and yet not humble really, but noble. The heroic lives of the women of the slums, their courage and their bigness of heart—this and much more is revealed to her, and when depressed and discouraged, she can go and learn from them. They need us and we need them."

Miss Lent spoke of the inestimable value her own work had been to her—"it has done so much more for me than I have ever done for it!" She outlined briefly her work of the past year, as Director of the two hundred or more nurses in all parts of the country engaged in rendering the areas around thirty-seven war camps safe and healthy not only for the military forces but for the civilian population as well. The students were deeply interested in the fight against communicable disease, as she told of the inspection of school children in the schools, the follow-up work into the homes, the discovery of many cases of unreported and often unisolated communicable disease, the arousing of public sentiment in regard to the sanitary handling of food-stuffs by the pitiless placarding of restaurants, cafes and soda fountains, the

inspection of barber shops and public toilets and the careful supervision of the milk and water supply, the elimination of mosquito and fly-breeding places, the establishment of venereal clinics, the growing work in great industrial plants, the very important Baby Welfare work and the establishment of prenatal clinics for the education and instruction of prospective mothers.

"For after all," said Miss Lent, "everything begins in the home and goes back to the home. Today 80 per cent of our school children are defective—most of them with defects which could easily have been corrected in youth. And we know to our sorrow that unwholesome bodies make unwholesome minds. We must begin with prenatal care, directing and instructing the mother; we must see that the little one gets the right start; we must be at its side during the pre-school age and must keep a watchful eye on it all through the school years; and when it grows to manhood we must continue to reveal to it unflinchingly the truths which shall shield it from temptation. Could we have been doing this for the past thirty or forty years, it is safe to say that 37 per cent of our young men would not have been turned down by our draft boards for weak heart, flat foot, weak lungs, etc., when the great call went out for the physically fit. You with your youth must carry on the work which we have only started. The demand for you is growing daily. The field of preventive and corrective work is practically a virgin one, and its possibilities are great beyond comprehension."

In closing, Miss Lent told the story of "Johnsing."

"His friend came to get me," she said, "to go to his bedside. 'I'll 'prone you, Miss,' he assured me gallantly, meaning, I suppose, chaperone. When we arrived at the miserable hovel where the sick man lay, I saw at once that he was in a dying condition and finding that he was not unwilling to go to the hospital, hurried out to make arrangements for an ambulance. I came back to find my "prone" scrubbing the floor. 'Nusses like things clean,' he said apologetically; and then he sat gravely in the midst of his soap-suds and surveyed my efforts to make the sick man comfortable. Suddenly his black face became wreathed in smiles. 'Well, Johnsing,' he burst out, 'you certainly is got it!" I looked around hastily—what did he mean? He began to chuckle. 'When the Pres'dent gets sick,' he said, 'they ain't nuffin' more he can have than a trained nuss, and, Johnsing, you certainly is got it!'"

SAVING BABIES' LIVES IN BRITAIN

In a recent number of the *National Geographic Magazine,* Judson C. Welliver tells how the public of Britain has learned at least one lesson that will last over into peace times.

Before the war had even approached its climax, he writes, Britain discovered that it faced a shortage, among other things, of milk. The government guaranteed very high prices to induce production; but the sacrifice of herds, plowing up of grass lands, and deficiency of labor rendered stimulative efforts

futile. There was not enough milk to go round in the old, easy way, and administration stepped in to insure first against profiteering and second that those who most needed it should have their share of the milk.

Observe the results. Some months ago the British Medical Association discussed some remarkable vital statistics. It found that for the last preceding year the death rate among infants under five years old had been about one-half the rate in pre-war times. It was a phenomenon beyond the comprehension of anything but common sense. The medical authorities applied that test and issued their verdict.

For the first time in the modern history of Britain there had been milk enough for all the babies, and good milk.

But if the adult patron of a public eating-house buys and drinks a glass of milk as a beverage, he is liable to a fine of five pounds, and the proprietor subjects himself to a like penalty.

If anybody imagines that hereafter Britain will return to the customs of "the good old days," when for want of milk twice as many British babies enjoyed the privilege of dying, he is far from understanding what is going on in the English public mind today.

FINAL REPORT OF THE BRITISH HEALTH OF MUNITIONS WORKERS COMMITTEE

The *Monthly Labor Review* of the United States Bureau of Labor (September 1918) summarizes the final report of the British Health of Munition Workers Committee:

In April, 1918, the British Ministry of Munitions issued the final report of the Health of Munition Workers Committee, which was appointed in September, 1915, by Hon. Lloyd George, then Minister of Munitions, "to consider and advise on questions of industrial fatigue, hours of labor, and other matters affecting the personal health and physical efficiency of workers in munition factories and workshops." . . .

In view of the urgency of many of the problems involved by the terms of reference the committee submitted its views and recommendations in regard to particular matters in 21 separate memoranda. . . . In the final report the committee states that all recommendations contained in the memoranda "have been generally accepted as reasonable and have been widely adopted." This report gives a concise survey of the nature and development of all the various problems covered by the memoranda.

Some of the conclusions which will be of most interest to nurses are the following:

While the committee has of necessity been primarily concerned with the health and physical efficiency of the munition worker under the abnormal conditions created by the war, they are strongly of opinion that the principles underlying right action at the present time are permanent and not merely transitory in importance, and should be accepted also as fundamental to all schemes for industrial health and betterment after the war. One of the vital

and pressing problems before the country at the present moment and in the immediate future is the question of the health and contentment, the capacity, status, and efficiency of the industrial worker, whose contribution to the commonwealth is of ever-growing importance. . . . The subject of industrial efficiency in relation to health and fatigue is in large degree one of preventive medicine, a question of physiology and psychology, of sociology and industrial hygiene. . . .

Without health there is no energy, without energy there is no output. More important than output is the vigor, strength, and vitality of the nation. The conditions essential to the maintenance of health are, first, personal conditions or those favorable to the body itself (e. g., food, fresh air, exercise, warmth, and adequate rest), and secondly, a satisfactory environment (e. g., a safe and sanitary factory, suitable hours of work, good housing accommodations and convenient means of transit). . . .

Any sound system for dealing with industrial disease must be based on the principles, first, that prevention is better than cure, and secondly, that the treatment, to be imposed effectively must deal with the beginnings of the disease. It follows that the preliminary safeguard should be to extend to all workers the preliminary medical examination already provided for in certain munition works and especially in those where dangerous substances are manipulated. Such an examination is especially necessary at the present time owing to the strain involved by present conditions of employment and owing to the large number of persons who are taking up industrial employment for the first time; but such examinations are likely to be always desirable where the work involves special strain and particularly so in the case of women. There is a similar need for periodic re-examination of such workers.

The present provisions of the Factory Act for the certification of the physical fitness for employment of children and young persons can hardly be regarded as adequate. The factory's certifying surgeon has seldom any previous knowledge of the case. The value of his certificate would be greatly increased if it were only given after consideration of the medical records in the possession of the School Medical Service, and closer co-operation appears to be desirable. At present these records are seldom available. Provision is now seldom made for periodic re-examination, but it is extremely desirable having regard to the effect of entry into industrial life. The departmental committee on the night employment of male young persons emphasizes the need for periodic examinations once at least in every six months, and recommendations that records of the results should be kept.

The second preventive measure is to reduce to a minimum unfavorable conditions of environment. Thirdly, arrangements should be made for adequate medical and nursing schemes. Medical attendance is usually obtainable under the national insurance system, but nursing can only be obtained by the employment of one or more trained nurses to undertake duties in the factory by night as well as by day. The duties of the nurse would include supervision of the health of the workers and especially of those temporarily indisposed, following up cases of sickness and taking charge of first-aid treatment of injuries. Such arrangements have been instituted in many munition factories, especially where women are employed, and have proven of great value to employers and employed alike.

ACTIVITIES OF THE NATIONAL ORGANIZATION

THE CHICAGO MEETING.

We publish in this issue two editorials, the one by the President, the other by the Executive Secretary of the National Organization, descriptive of phases of the recent special meeting of the Organization held in Chicago on December 13th. It has not been possible to prepare in time for this issue a detailed account of the Chicago meeting; but we hope to publish such an account in the February number.

We would also call special attention to the Report on the Plans of the Educational Committee, and to the endorsements of the need for training more Public Health Nurses which have been received from persons whose endorsement carries much weight; these will be found in this number of the magazine.

THE WAR PROGRAM COMMITTEE

The War Program Committee is endeavoring to secure publicity throughout the country for the National Organization for Public Health Nursing and to this end is employing a Publicity Bureau of three young newspaper women, whose office is in Washington. They have spent the past weeks absorbing the subject, and are now ready to write various articles that will be given immediate release—some in newspapers, some in weeklies, some in monthlies; some stories will go to the members of the Council of State Representatives for them to place in their local papers—others will go direct. They are in need of material, and this committee would greatly appreciate it if all members, professional and non-professional, who have had and are having experiences during these weeks of epidemic, would jot them down, no matter how roughly and mail them to the Chairman of this Committee, Mrs. Chester C. Bolton, 610 Hickox Building, Cleveland, Ohio.

The effort is not towards sledge hammer publicity—but rather towards what might be called a "chronic" sort, that will carry into every home, whether in city or town in rural districts or in extreme isolation—wherever printed matter goes, the story of Public Health Nursing and the part played by the National Organiza-

tion for Public Health Nursing in the upholding of standards and the achievement of ideals. In this way the vision of public health and the part played in any and every plan by the Public Health Nurse will be made clear to each and every citizen of our great country. Those whose means and influence permit will, when they understand, demand adequate educational opportunity for the nurse, proper legislation in the State, will secure funds for scholarships for Public Health Organizations—and those whose circumstances deprive them of giving such assistance will give unstintingly of their co-operation by calling in the Public Health agencies in their perplexities and to learn how to take advantage of one of the wonderful aspects of our new democracy: the right of equal opportunity for health. F. P. B.

LIBRARY DEPARTMENT

FOOD AND NUTRITION

For "every man and woman interested in the part food plays in the present crisis."

Books

Gibbs, W. S.	Minimum Cost of Living
Grulie, C. G.	Infant Feeding
Lee, R. I.	Health and Disease
Morse, J. L.	Diseases of Nutrition and Infant Feeding
Nesbitt, Florence	Household Management
	Low Cost Cooking
Pattee, A. F.	Practical Dietetics
Pope, A. E.	Dietary Computer
Rose, M. S.	Every Day Foods in War Time
	Feeding the Family
Stern, Frances, and Spitz, G. T.	Food for the Worker
Taylor, A. E.	War Bread
Taylor, A. E., and Kellog	Food Problem

Books are not lent by the National Organization for Public Health Nursing—only pamphlets and clippings.

Periodicals

California State Board of Health, Bulletin, June, 1918	Food Needs for Children
Massachusetts State Board of Health, Public Health Bulletin, February, 1918	Food for Children from Two to Six Years of Age

Minnesota Public Health Journal, May, 1918	Food Conservation Number
School and Society, January 22, 1916	Scale for Marking Nutrition
Teachers' College Record, May, 1918	Living on Twenty-Five Cents a Day, by M. S. Rose and others
U. S. Department of Labor—Bureau of Labor Statistics — Monthly Labor Review, July, 1918	Food for Munition Workers and Industrial Canteen in Great Britain

Pamphlets

Gillett, Lucy	Diet of School Children (soon to be published)
Holt, L. E.	Standards of Nutrition
Kerley, C. G.	Diet Schedule for Children from the First to the Sixth Year of Age
Metropolitan Life Insurance Co.	Food Facts
Moses, Winifred	Making Every Crumb Count (Cornell Reading Courses)
N. Y. City Department of Health, Bureau of Public Health Education	Keep Well Leaflet No. 9 Feeding Children from Two to Seven Years Old
N. Y. Club Comm. of Federal Food Administration	Sugarless Recipes
Smith, C. H.	Conduct of a Nutrition Class
U. S. Department of Agriculture—Farmers' Bulletin (Many more excellent pamphlets, not mentioned in this limited space, issued by this department)	How to Select Foods: Part 1. What the Body Needs Part 2. Cereal Foods Part 3. Foods Rich in Protein School Lunches
U. S. Department of Labor—Children's Bureau	Children and War Food Substitutes, by Mrs. Max West
U. S. Food Administration	Ten Lessons on Food Conservation Food Leaflets (excellent)

Through the Federal Food Administrator for Maryland, stereopticon slides have been provided for three illustrated lectures upon the war. One of them is "How to Save Food and Avoid Waste." Each lecture consists of about seventy slides.

A pamphlet of special interest is "Country Life and Rural Problems," by M. K. Reely, (study outline series) published by H. W. Wilson Co.

The Weekly Report of U. S. Public Health Service for September 6th contains a valuable article—"Sanitation of Rural Workmen's Areas, with Special Reference to Housing."

Some Interesting New Pamphlets

Federal Board for Vocational Education (Washington, D. C.)	Publications
Labor Party (London, England)	Labor and the new social order: Report on reconstruction
	Problem of demobilization
	Resolutions on reconstruction
Outline studies on the problem of the reconstruction period (Assn. Press)	
Russell Sage Foundation Library, Bulletin, October, 1918	Reconstruction (Bibliography)

Reprints

The following reprints of articles which have appeared in THE PUBLIC HEALTH NURSE may be obtained from the Librarian of the National Organization for Public Health Nursing, 156 Fifth Avenue, New York City.

		Price
War and Federation for Social Service	Kingsley	$0.02
Great Medical-Social Problem of Venereal Diseases	Cannon	.06
Home Instruction by the Tuberculosis Nurse	Foley	.03
Program for Maternity Care	Stevens	
Toothbrush and Handkerchief Drill	Hartley	.01
Records and Statistics, Value of Records	Klee & Montanye	.02
Experiment in Community Nursing	Brewster & Smith	.02
Suggestions for Industrial Nurses	P. H. N., October, 1918	.01
New Law in Virginia	Randolph	.02
Making Industry Safe for War	Lowe	.02
Chevron for Public Health Nurses	N. O. P. H. N., July, 1918	
Part of the Public Health Nurse in the Milk Situation	Geister	.02
Recent Developments in Preparation for Public Health Nursing	Strong	.02
Opportunities and Responsibilities of Lay People	Lowman	.02
Nurse in the Small Industrial Plant	Wright	

The National Organization has published a pamphlet entitled "The Public Health Nurse," which tells in brief, succinct language

What a Public Health Nurse is; What are her professional qualifications; Why a postgraduate course in Public Health Nursing is Necessary; Necessary personal qualifications; What expenses are entailed in employing a Public Health Nurse; What should be her hours of duty; What uniform she should wear; How much it costs to take a course; and gives a list of places where courses are given.

This pamphlet is proving very popular for the use of organizations which wish to circularize a large number of people, as in the case of towns where Public Health Nursing is projected, and States where County work is being urged. It is furnished free in quantities up to 100; for additional copies over 100 the charge is 1 cent each.

A companion pamphlet is now in course of preparation, to be entitled "How to Organize a Public Health Nursing Association."

The following libraries will handle all requests to borrow literature, coming from their respective States:

Maine	Maine State Library, Augusta, Me. Mr. Henry E. Dunnack, Librarian.
Montana	The University of Montana, Missoula, Mont. Miss Gertrude Buckhous, Librarian.
North Carolina	The University of North Carolina, Bureau of Extension, Chapel Hill, N. C. Dr. Louis R. Wilson, Librarian.
Pennsylvania	Pennsylvania State Library, Harrisburg, Pa. Mr. Thomas L. Montgomery, Librarian.

The following organizations are also sending material to the library centers in each State:

National Committee for Prevention of Blindness.
American Association for the Study and Prevention of Infant Mortality.
National Committee for Mental Hygiene.
Red Cross Institute for Crippled and Disabled Men.
American Society for the Control of Cancer.
National Tuberculosis Association.

CORRECTION

In our December issue, under the Activities of the National Organization, there was published a Report made by the Organization to the Rockefeller Foundation. In this report (p. 349), there appeared the statement that the Associate Secretary "has organized the nursing service in *two* zones." Miss Lent has organized the nursing service not only in two zones but in *thirty-seven*, and we regret that by some inadvertence the figure was incorrectly given.

BOOK REVIEWS AND BIBLIOGRAPHY

Epidemiological Studies of Poliomyelitis. A report of epidemiologic studies of poliomyelitis made during 1916 has recently been published by the U. S. Public Health Service. The report covers a general statistical and epidemiologic study of the epidemic in New York City and the northeastern United States, intensive studies of the epidemics in the borough of Richmond, in certain counties in New Jersey, in Hartford County, Conn., and of some scattered cases in Connecticut and Rhode Island, and certain miscellaneous studies. Present knowledge in regard to the epidemiology of poliomyelitis is summarized.

Infectious Diseases of Children. In a bulletin just published by the Public Health Service a study of 6,078 cases of infectious diseases among immigrant children is reported. The study related especially to cross infection and hospital management.

"Opinion in regard to the proper management of contagious diseases treated in hospitals," the author states in the introduction, "has undergone much change within the past decade. The old idea that infection occurs through the air and that a distinct quarantine must be drawn between wards and buildings containing patients with different contagious diseases has been gradually abandoned. This bulletin tries to show how in the Ellis Island Hospital the new methods have worked out in practice and suggests changes which will result in additional improvements."

The main conclusion reached as a result of the study is the practicability of treating contagious and noncontagious diseases in the same hospital and with the same nursing force. "While it is not advisable," the bulletin states, "to use the same open wards for both classes of cases, it has, nevertheless, been demonstrated that if these wards are cut up into small cubicles and the proper nursing technique enforced there is practically no danger of cross infection."

Child Care. Part 1, The Pre-School Age, by Mrs. Max West, is one of the pamphlets issued by the Children's Bureau of the U. S. Department of Labor. This may be procured from the Superintendent of Documents, Government Printing Office, Washington, D. C., at 20 cents per copy.

The California State Board of Charities and Corrections has recently published an interesting pamphlet dealing with Sur-

veys in Mental Deviation in Prisons, Public Schools, and Orphanages in California. It contains a brief description of local conditions and need for custodial care and training for dependent, defective, and delinquent classes.

The Social Hygiene Monthly is the name of a paper published once a month during the present emergency by the War Department Commission on Training Camp Activities and the United States Public Health Service. It may be obtained from 105 West 40th Street, New York City.

The Boston Instructive District Nursing Association has reprinted its pamphlet giving the details of the nursing technique as practiced by the staff of the Association. There is a wide demand for information of this kind, and those who wish for copies of the pamphlet may obtain it from Miss O'Bryan, 561 Massachusetts Avenue, Boston, at a cost of 10 cents each.

The Federal Board for Vocational Education has issued some very helpful pamphlets dealing with the subject of the disabled soldier. "What the Employers of America can do for the Disabled Soldiers and Sailors," "To the Soldier Returning to Civil Life," "To the Household of the Disabled Soldier and Sailor," "To the Disabled Soldier and Sailor in the Hospital," and "The Nation's Workers and the Disabled Soldiers and Sailors" are some of these publications which have been received.

NOTES FROM THE FIELD

HOW THE METROPOLITAN LIFE INSURANCE COMPANY HELPED IN THE EPIDEMIC

The Intelligencer, a publication issued by the Metropolitan Life Insurance Company, in the November number contains an account of the part which the Company has played in the war against Spanish Influenza. The following are some interesting extracts from this account:

Press reports from various sections of the country indicate that the epidemic of Influenza, which swept through practically the United States and Canada, has very largely subsided. There are cases, to be sure, in many parts of the country, but they are constantly growing fewer in number, and the consequent deaths from pneumonia, which so often resulted from the Influenza, are rapidly diminishing. It is impossible, to say at this time how many deaths of policy-holders are due directly or indirectly to the epidemic, but they are a considerable number. In fact, on some days, the total number of claims received at the Home Office exceeded 4,000, whereas the average number is somewhat under 1,000.

The Metropolitan Welfare Division, through its nurses and the Company's field men, co-operated with the various health authorities—municipal, state and national—in efforts to check the spread of the disease and care for those who were suffering from it. Just what is the net result of activities along many lines that the Metropolitan has undertaken will never be known, but in many cases heroic work was done by superintendents, deputies, agents and nurses in their efforts to bring relief to stricken communities. In some instances, this required all the energies of the individuals, who worked practically night and day.

When it appeared that the epidemic was likely to be serious and widespread, a telegram was sent by Third Vice President Frankel to Surgeon General Rupert Blue of the United States Public Health Office, offering the co-operation of the Company, and to this Dr. Blue replied by wire, gratefully accepting the Company's offer. Thereupon a telegram of instructions was sent to all superintendents in the United States asking them to have copies made for all agents, to be read by them in the homes of policyholders. In this way, the precautionary measures and the treatment of the disease recommended by the United States Public Health Service were brought to the attention of millions of policyholders even before the epidemic had reached many of their communities.

The Company offered to print leaflets containing suggestions for the prevention and treatment of Influenza, to be distributed to policyholders, and Surgeon General Blue wired a request that this be done. Within seventy-two hours, two million copies of the leaflet were printed and sent by parcel post to all District Offices in the United States, under a Government rush order. A circular letter was sent to all superintendents in the United States giving detailed instructions regarding the distribution of these pamphlets, and advising them to communicate with the Home Office

on conditions in their respective communities. Authorization was given at the same time to superintendents to engage additional nurses for the care of policyholders, if conditions demanded it. The Surgeon General's office sent a letter to the Company expressing appreciation of this service.

Replies began to come in from superintendents giving conditions existing in their respective districts, and too much cannot be said for the self-sacrificing labor, not only of superintendents, but of their staffs. Many districts reported that a number of agents and nurses were stricken, and in some instances the attacks resulted fatally. Requests came to the Company from many points for the assistance of physicians and nurses. It was impossible to meet many of these requests, owing to the shortage of nurses; but in Massachusetts the services of the Visiting Field Supervisor, Miss Minnie H. Bridges, were immediately placed at the disposal of the State Emergency Advisory Committee on September 27th and continued to the end of October.

Conditions in Dansville, N. Y., Pensacola, Fla., and Rockville, Conn., were so alarming that the Company telegraphed the United States Public Health Service requesting its aid. In response, telegrams were received from Washington advising that assistance was being sent to those places.

In New York City, Health Commissioner Copeland asked the Metropolitan's assistance in procuring nurses. A message was sent at once to every superintendent in Greater New York, instructing them to bring the matter immediately to the notice of their respective agency staffs, and the latter were told to inquire among policyholders for women with nursing experience, whether trained, practical or volunteer workers. As soon as names were obtained, they were sent to the Home Office and forwarded from there to the Health Department. How important this work was may be known from the fact that on the first day agents were on their debits after these instructions were given, a total of 108 names of nurses were submitted to the City Health authorities. The names of approximately 500 available nurses were sent in to the Board of Health in a week.

Berlin, N. H., was one of the places where the epidemic was especially severe. Superintendent Desautels wrote the Company that the district nurse there had found ten cases in three adjoining houses, and that there was a decided insufficiency of doctors. She had found one patient suffering from pneumonia, temperature 104, who had been unable to get a doctor for two days. The Home Office sent a call to Portland, Me., asking if six nurses could be sent, and the reply came that there was a shortage there and that none could go. Substantially the same replies came from other places in Maine and New Hampshire, among them Gorham and Lewiston. The need was so apparent that Miss Wild of the Home Office staff was sent there. The day after her arrival, she wrote the following account of conditions as she found them, and gave an outline of the work she was doing. She said:

"It is hardly possible for me to describe conditions in this community.

"I am the only experienced public health worker here with the exception of the staff. Saturday, with the aid of a lay worker, I cared for forty patients, from four to nine sick in one family. Each nurse is provided with a lay worker, automobile and chauffeur. Everything possible

is being done. There are only seven doctors in the city. Doctors from near about towns come in for a few hours each day. Surrounding towns are all afflicted, but not to such an extent as Berlin. There is only one fifty-bed hospital in the city, in charge of Catholic sisters, who have given up their own rooms as a temporary pneumonia ward. The sisters are sleeping in the school house. Schools, churches and movies, etc., are closed indefinitely.

"Since starting this letter, I have had to stop and do some emergency work. It was about 9 o'clock and the call was some two miles distant. I was alone at headquarters, but there was a friendly looking Ford at my disposal and we made the trip in safety, after many stops to inquire the way, and added one to the male population of Berlin. Impossible to locate a doctor."

Most interesting details of a remarkable situation in Canton, O., were contained in a letter from Superintendent Mobarry, in which he said:

"The Red Cross Emergency Committee was called together at 3 p. m. October 6th and chose me its chairman. Our first work was to take a complete survey and for that purpose we chose a lady to act as general chairman for the canvass, divided the city into two parts, north and south, and appointed a lady to head each division. She was termed a General and acted as leader for each ward, appointing leaders for each precinct, each precinct leader appointing ladies to work with them in taking the survey. Our Printing Committee had questionnaires completed showing classification of nurses. While this was going on, the different leaders were getting together the workers. I called the ward leaders together Sunday afternoon and outlined their work. By Monday evening, the precinct leaders were lined up and I called them together. By Tuesday evening we had assembled all the workers of the city, something over 700, held two meetings with them for final instructions, and started them out Wednesday morning to complete the survey of the city. They visited 12,000 homes in the one day and obtained, not including the hospitals, 259 names of women who had experience in nursing and another 511 names of those who had taken a course in Red Cross nursing, but had had no experience in nursing in a professional way, and those who desired to take a course in nursing, bringing the total up to 770 names.

"The forms thus collected were handed to our Clerical Committee who classified and completed them. We then secured the services of stenographers, who, after working hours, copied these names upon cards that we had prepared according to classification. These cards have all been tabulated and filed in order, and we have them in charge of a lady who is giving her whole time and attention to the work and has established a central bureau of information relative to the nurses of this city. All appointments for nursing service go through her hands.

"The nurses register when they go on a case and register when they leave one. We have the situation fairly well in hand, although it is very serious, and have met the Government's requests. It is our intention to train as many young women as we possibly can, for the outlook is not very encouraging for the stamping out of this dreadful disease. This is proved by the fact that last Friday morning I was called out of bed and

informed by physicians that we must have an emergency hospital. I called the committees and by 10 o'clock we had a building. This was on Friday. We had to totally equip it, etc., and yet on Sunday we were receiving patients. One week from the date we started, we had the survey and an emergency hospital, and are planning to go ahead and help obliterate the suffering and wipe out this disease, if possible. The situation throughout this district is very serious indeed in spite of the work we have been doing. Much credit is certainly due to the people of this town for the splendid spirit they have shown in helping us to accomplish the task set before us. The survey was a great accomplishment."

NURSING THE "FLU"

The following account of "Nursing the Flu," by Cathryn Floette, appeared in the *Smith College Monthly* for November:

"What are you going to do today?"

"Husk corn at Gleason's," I answered with forced enthusiasm considering the fact that I had lost ten thumbnails in excellent condition upon the fields of corn the day before. * * * * * *

"But Betty," said my room-mate when I told her of my fortune while I donned my farm clothes, "we might get called to nurse."

"Why Fran," I answered in the same admonishing tone, "Miss Wright said we could farm in the day time and she'd call us at night if she wanted us. Think what two dollars would mean to my lean and hungry purse."

"But Miss Wright, you know, said herself she was not a woman of her word in these stricken times. We might get our call this a. m."

"Call her up," I advised, grandly flourishing the big boot I was about to get into. "But I don't think there's any use."

"Hurry, Betty, he's here," some one yelled from below.

I tore out of the house and was falling head first into Mr. Vollinger's truck when my room-mate's hurrying feet overtook me. "If we stick around," she gasped, "we'll get called to nurse. Get out."

It was only a matter of a few seconds before I was out and standing before Fran. I was not aware that the truck had left us. My brain was slowly grasping the meaning of what she meant—what that meant. "Nursing!" Cold fear clutched my heart. "Nurse!" I, Betty Brown—nurse. "Fran," I called in a terror-stricken voice, "I can't, I've forgotten every single thing I ever learned at Home Nursing." "Don't be a quitter!" Whether she meant to insult me or bolster up my flagging spirit, I don't know. I was too perturbed to care.

"It is not that," I answered. "But I'll be responsible for a real live human being. If I make one mistake it will be fatal—for the first time another life is involved in my success or failure."

"You know, Betty, you're not going to be the head nurse exactly."

"That's right, Fran, I'm not." I cheered up considerably. But I still had that queer feeling in the pit of my stomach.

The call came. We packed our bags with all our clean white skirts and waists and underwear, wrapped our puffs around us, clutched a bag in each hand and ascended the hill of the "Libe" to Hatfield House. We were taken to our rooms. I felt like a person in a strange land. I opened the window of my single and then started to unpack. Suddenly a familiar voice assailed me, then another. Old friends came in and pounced upon me. I had not passed the baptism of my first "on duty" but they had already accepted me as one of them. They evidently were confident that I could do it. I felt more assured. I was anxious to get to the hospital. I was curious to see how this poor weak Betty Brown could conduct herself under fire. I— "Time for 'B' shift to go up," said some one.

"We have two shifts," explained Jane. "'A' goes up at 7 until 10 in the morning. 'B' from 10 until 1, then 'A' goes from 2 until 4 and 'B' from 4 until 6. You come with 'B' today but tomorrow you are to go with 'A'."

They gave me a mask, apron and a towel. They all chattered and laughed just as merrily as if they were going to a simple, childish, college class—not as if they were marching forth to help in the struggle of life and death. I was silent. I only spoke when spoken to, smiled when smiled at, I was trying to remember just how Mrs. Pomeroy had taught me to change a draw-sheet with the patient in the bed. We were at the hospital. How often I had passed that big pile of red brick, gaily bound for the country club! We entered the door. There was a combination of smells, disinfectants and medicine. It stifled me. I mechanically followed the veteran nurses down to a room where we laid aside our coats, donned masks and aprons. We proceeded down the hall again, dipped our hands in Lysol and then with a calm air, I mounted the steps to "B" ward with knees cracking together. I smiled at the nurse to whom Marj and Helen spoke and then realized that my mask was doing double duty, concealing my facial expression as well as keeping out certain little germs. Everybody left me. Each one knew what to do and was doing it quietly and efficiently. The Head Nurse had vanished.

"Nu-urse!" It was my first call to arms. A call which was to amuse —disturb me in the days to come. I stepped quickly to the bed of my first patient. I breathed a prayer to myself—"Please, dear God, don't let it be a mustard bath."

"Ice water," requested a feverish voice, "and have plenty of ice."

"In just a minute," I answered and was surprised that my voice sounded quite natural. I did not know where a glass or ice box was. I found out after a few seconds of rapid investigation. The afternoon wore on and I found myself doing things that I had forgotten I could do. Why, I had no idea I could remember so much. I soon learned to know the patients through the help of Grace and Jean, who were always ready to give me advice. I learned that the little deaf and dumb girl did not have a "tummy ache" when she rubbed the central portion of her anatomy but that she was hungry; that the old lady whom they called, "Dear, Dear," who was paralyzed and could only say those two words either wanted her leg moved to a more comfortable position or the window closed or another cup of coffee, depending on the tone color of her voice. I learned that one is credited with a fair amount of common sense which she is expected to use, and to

act without asking questions. I am cured of the terrible feeling of helplessness which used to sweep over me at the sight of a sick person. I feel that if there is ever any emergency call for a nurse's aid again I will be able to answer with a fair amount of intelligence. It has been an experience truly invaluable. I would go into anything now with great confidence because of it. Just to think that that course I took in Home Nursing almost two years ago was actually good for something! I have decided at last, it is worth while to prepare for the future. I want to take every practical course offered.

I feel like a little boy who bought him a big bass drum.
Boom! Boom! Boom!
"For who knows," said he, "when the war will come?"
Boom! Boom! Boom!
"If ever the war should come to this land,
I want to be ready to play in the band."
Boom! Boom! Boom!

THE FIGHT AGAINST VENEREAL DISEASES

The United States Public Health Service has just issued a pamphlet entitled *The Attack on Venereal Diseases*, from which we are glad to give some quotations:

As a result of a thorough program within the Army the venereal rate among troops of the United States is probably less than in any other army. These diseases, however, according to the statement of Surgeon General Gorgas, still constitute "the greatest cause of disability in the Army."

It was considered at first that the responsibility for venereal disease in the Army rested in the War Department. Now it is estimated by the Surgeon General's office in the War Department that five-sixths of the venereal diseases in the Army today was brought into the Army from civilian life, and that only one-sixth was contracted after enlistment or induction. The large proportion of cases originating in civil life is only partly due to the longer time period during whch exposure to disease is possible. It is mainly due to better protection given to soldiers than is given most men and boys in civil life. * * * * * *

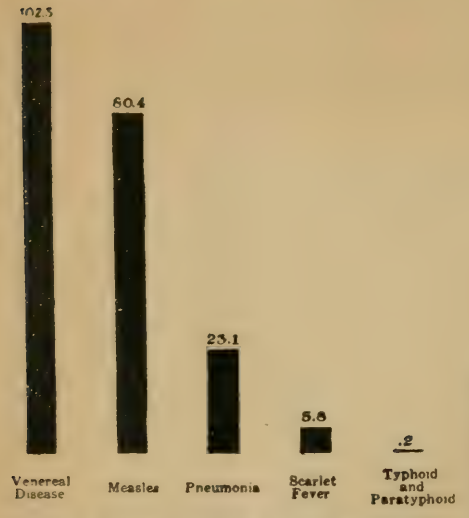
On July 1 the President signed an order transferring to the United States Public Health Service all civilian public health activities, including the work of combating venereal diseases in civil communities hitherto directed by other agencies.

In compliance with the President's order and the provisions of the above mentioned act, the United States Public Health Service, through its Division of Venereal Diseases, is directing a thorough campaign against venereal diseases in civil communities throughout the United States, working so far as practicable through State boards of health and utilizing medical, educational and law enforcement measures.

The policy of the Division of Venereal Diseases in the development of these measures is to co-operate as thoroughly as possible with State boards of health.

The Army Appropriations act provides for the allotment to State boards of health of $1,000,000 each year for the two fiscal years beginning July 1, 1918, for the fight against venereal diseases. For the second of those two years the payment of the State's allotment is conditioned upon the expenditure of a like amount by the State in the prevention of venereal diseases. For the first of the two years this condition is not imposed.

The Division of Venereal Diseases is detailing to each of the various State boards of health an officer of the Public Health Service in uniform, who in most cases is in charge of the division or bureau of venereal diseases of the State Board of Health. His work is directed jointly by the



The above figures, compiled by the surgeon general of the army, show the annual rates per thousand men for all troops in the United States between September 21, 1917, and May 31, 1918, of certain of the more communicable diseases.

FIVE TIMES AS MANY SOLDIERS GET A VENEREAL INFECTION BEFORE COMING TO CAMP AS ARE INFECTED AFTER COMING . . . .

Public Health Service and the State Board of Health. On October 1, 1918, officers had been detailed to 31 States.

On March 29, 1918, the Public Health Service published standardized board of health regulations, approved by the Surgeons General of the Army, Navy, and Public Health Service for the control of venereal diseases. Laws and regulations requiring the reporting of venereal diseases by name or number had been adopted by 39 States on October 1, 1918. On this date 29 States had laws or regulations authorizing the isolation of persons with venereal infections who may be considered dangerous to the community.

In co-operation with State boards of health, clinics for civilians in large cities throughout the United States are being established as rapidly

as possible. These are maintained under the direction of the various State boards of health. September 15, 1918, there were 87 established; arrangements had been made for 15 more.

In its educational work the policy of the Division of Venereal Diseases is to work with the States so far as possible in the preparation and distribution of pamphlets and exhibits and in the arrangements for lectures and moving pictures.

The purpose of medical measures in combating venereal diseases directed by the United States Public Health Service is to bring about the treatment of civilian carriers of syphilis and gonorrhoea until they are no longer dangerous to other people, and, if possible, to effect permanent cure. In addition to the medical work developed in co-operation with the State boards of health the Division of Venereal Diseases is directly responsible for the following lines of activities:

1. Extra-Cantonment Clinics.—Clinics have been established in civil sanitary districts adjacent to Army camps for the treatment of infected persons in the vicinity of Army camps who are a menace to soldiers. An officer of the United States Public Health Service is in charge of each clinic in addition to one or more nurses. A large proportion of these nurses are furnished by the American Red Cross. On October 1, 1918, 26 clinics had been established and 30,000 civilians had applied for treatment.

2. Provision for the treatment of persons under the control of the Federal Government.

3. Medical officers in detention homes.

4. Free arsphenamine.—Previous to the allotment of funds to State boards of health, the Public Health Service undertook to supply without charge free arsphenamine for all civilian venereal clinics in the United States. On October 1, 1918, 11,000 doses had been distributed to clinics, marine hospitals, and relief stations. The hygienic laboratory of the Public Health Service tests and proves a sample of each lot of arsphenamine before it is permitted to be used. * * * * * *

Realizing that widespread ignorance and misinformation constitutes one of the most important causes of venereal diseases, and that the success of its program is dependent on an enlightened public opinion throughout the Nation, the Public Health Service, in developing its campaign against venereal diseases, is placing emphasis on education. The means used in the education of the general public are lectures, moving pictures, pamphlets, and exhibits. Plans are under way for the employment of a corps of full-time lecturers.

The work of public education is directed through 10 subsections as follows:

1. Subsection on national organization.
2. Subsection on industries.
3. Subsection on quackery.
4. Subsection on academic emergency measures.
5. Subsection on nonacademic emergency measures.
6. Subsection on school curricula.

7. Subsection on statistics.
8. Subsection on law enforcement.
9. Subsection on production.
10. Subsection on co-operation with State boards of health.

WOMEN'S WORK.—At the present time (October, 1918) educational work among women is being directed by the Section on Women's Work of the Commission on Training Camp Activities. The purpose of this section is to tell the women of the country the remarkable steps taken by the Government to safeguard the men of the Army and Navy morally and physically. Then it is purposed to show how women of all ages can help to secure clean surroundings in their communities, to see that these surroundings for soldiers in their communities are as clean as they expect them to be in other communities near which their own boys and men are encamped.

Related directly to the administrative office of the Division of Venereal Diseases is an officer of the Public Health Service giving full time to the editing of the Social Hygiene Bulletin published each month by the American Social Hygiene Association, containing news of the activities both in the Army and in civil communities in connection with the program of the Government in combating venereal diseases. Original articles on various social hygiene problems are also published from time to time. (This may be obtained from War Department, 105 West 40th Street, New York City.)

THE INTERDEPARTMENTAL SOCIAL HYGIENE BOARD

The Army Appropriation act, in which was included the Chamberlain Kahn bill, created an Interdepartmental Social Hygiéne Board with various important functions in the development of the Government's program in combating venereal diseases. This act also provides for the appropriation of $100,000 annually for two years to be paid to suitable institutions for scientific research for the purpose of discovering more effectively medical measures in the prevention and treatment of venereal diseases, and in addition for the appropriation of $300,000 annually for two years to institutions qualified for scientific research for the purpose of discovering and developing more effective educational measures in the prevention of venereal diseases, and for the purpose of sociological and psychological research related thereto. One important duty of the Interdepartmental Social Hygiene Board is to select the institutions to which these funds shall be appropriated and to fix the allotments for such institutions.

BRITISH NURSES AND THE PROPOSED MINISTRY OF HEALTH

In a recent issue of *The British Journal of Nursing* appears an account of a conference convened by the National Union of Trained Nurses, to discuss the proposed Ministry of Health.

Dr. C. W. Saleeby, who opened the conference, outlined the following as the foundations on which such a department should be built:

To learn and to teach;
To guard and to help.

1. TO LEARN.—The Ministry must set out with the function of learning the facts of life and death, availing itself of medical learning and research, of demographic research, and must continuously observe the condition affecting the health of the people.

2. TO TEACH.—The Ministry must be responsible for the teaching given on health subjects and must itself teach. A Ministry of Health should immediately raise the standard of education for the professions, including doctors, dentists, nurses and mid-wives.

3. TO GUARD.—It would be the duty of the Ministry of Health to guard the country against disease. It was for the most part borne into our bodies by the channels which conveyed to them the necessaries of life, such as air, water and food; all these were liable to convey disease. The Ministry of Health must prevent them from conveying the germs of disease.

4. TO HELP.—There were cases, however, in which from the nature of the case help was required. The mother and infant were cases in point. It was monstrous that in England and Wales. 3,000 mothers should die annually from puerperal fever. The country of Lister and Florence Nightingale should not know the disease. But the deaths were not all; there was also the damaged motherhood and damaged infancy. The need of the mother and infant was a biological law.

At the close of the meeting the following Resolutions were passed:

1. That this meeting of the National Union of Trained Nurses welcomes the introduction of a Ministry of Health Bill by the Minister of Reconstruction, and, in view of the grave delay of the past eighteen months, and the danger of racial infection during demobilization, urges the Government to proceed with such a measure, as the foundation of racial, and therefore of all reconstruction.

2. That this meeting of the National Union of Trained Nurses urges upon the Government the need for the State Registration of Trained Nurses, and of a General Nursing Council as an indispensable corollary of the establishment of a Ministry of Health.

A BILL FOR PROMOTING THE HEALTH OF THE RURAL POPULATION

The following Bill, introduced by Mr. Lever, was presented and released on December 11th, on which date it was referred to the Committee on Agriculture.

A BILL

To provide that the United States shall co-operate with the States in promoting the health of the rural population of the United States, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

That the Secretary of the Treasury, through the Public Health Service, is hereby authorized to co-operate with the States, through their respective State boards of health, in inaugurating and carrying on rural health work; but no money appropriated under this Act shall be expended in any State until its legislature shall have assented to the provisions of this Act, except that until the fiscal adjournment of the first regular session of the legislature held after the passage of this Act the assent of the governor shall be sufficient.

Sec. 2. That for the purpose of this Act the term "rural health work" shall be construed to include such methods and means as may be appropriate for the prevention, control, and mitigation of the diseases of the people in the rural districts of the United States, including towns in such districts having a population of not more than five thousand, as shown by the latest available Federal census; the term "State board of health" shall be construed to mean any board of another name, or department, or commission, or official, or officials empowered under the laws of the State to exercise the functions ordinarily exercised by a State board of health.

Sec. 3. That for the purpose of carrying out the provisions of this Act there is hereby appropriated, out of any money in the Treasury not otherwise appropriated, the sum of $250,000 for the fiscal year ending June thirtieth, nineteen hundred and nineteen; the sum of $500,000 for the fiscal year ending June thirtieth, nineteen hundred and twenty; the sum of $750,000 for the fiscal year ending June thirtieth, nineteen hundred and twenty-one; and for each fiscal year thereafter the sum of $1,000,000. So much, not to exceed $50,000 of the appropriation for any fiscal year, as the Secretary of the Treasury may estimate to be necessary, shall be deducted for administering the provisions of this Act, available until expended. The Secretary of the Treasury, after making said deduction, shall apportion the remainder of the appropriation for each fiscal year among the several States in the following manner: One-half in the ratio which the area of each State bears to the total area of all the States; one-half in the ratio which the rural population of each State bears to the total rural population of all the States, as shown by the latest available Federal census.

Sec. 4. That within sixty days after the approval of this Act the Secretary of the Treasury shall certify to each State board of health the sum

which he has apportioned to each State for the fiscal year ending June thirtieth, nineteen hundred and nineteen, and, on or before January the twentieth next preceding the commencement of each succeeding fiscal year, shall make like certificate for such fiscal year.

Sec. 5. That any State desiring to avail itself of the benefits of this Act shall, in accordance with the regulations prescribed hereunder, submit for each fiscal year, through its State board of health, a plan of rural health work for such State, in the preparation of which such board shall give due consideration to the applications and recommendations of local health authorities. If the Secretary of the Treasury shall approve such plan, or any revision thereof, he shall then pay to such official or officials or depository, as may be designated by the State board of health and authorized under the laws of the State to receive public funds of the State, the sum apportioned to such State for the fiscal year nineteen hundred and nineteen, and thereafter, upon such submission of such plan and proof and the approval thereof by the Secretary of the Treasury, he shall pay the apportionment for each fiscal year in two equal installments on July first and January first to such designated official, officials, or depository: *Provided*, That no payment out of the appropriations under this Act shall be made to any State for any fiscal year subsequent to the fiscal year ending June thirtieth, nineteen hundred and nineteen, until at least an equal sum has been appropriated for the same fiscal year by the legislature of such State, or provided by State, county, local authority, or individual contribution, for rural health work within the State under this Act. Any plan submitted under this section may, when deemed essential in the furtherance of the purposes of this Act, be changed from time to time by agreement between the State board of health and the Secretary of the Treasury.

Sec. 6. That if any part of the money paid to any State shall, by any accident or contingency, be diminished or lost, or shall be expended for any purpose other than the execution of the plan of rural health work, or any change therein, approved by the Secretary of the Treasury, it shall be replaced by such State, and until so replaced no appropriation under this Act shall be subsequently apportioned or paid to such State. If any part of the money paid to any State shall remain unexpended at the close of the fiscal year succeeding that for which the appropriation is made, a sum equivalent to such part shall be deducted by the Secretary of the Treasury from the next apportionment to such State under this Act.

Sec. 7. That there is hereby established in the Public Health Service a Division of Public Hygiene, which shall be under the charge of an Assistant Surgeon General, who shall be a commissioned medical officer of the Public Health Service detailed by the Surgeon General for that purpose, and shall be subject to the provisions of law applicable to Assistant Surgeon Generals in charge of administrative divisions in the District of Columbia.

Sec. 8. That out of the sums deducted for administering the provisions of this Act, the Secretary of the Treasury is authorized to incur such administrative expenses, including such printing and publications, the em-

ployment of such persons and such means, and the purchase of such supplies and equipment, in the District of Columbia and elsewhere, as he may deem necessary for carrying out the provisions of this Act.

Sec. 9. That in carrying out the work authorized by this Act, the Public Health Service shall co-operate with the Department of Agriculture of the United States.

Sec. 10. That the Secretary of the Treasury is authorized to make regulations for carrying out the provisions of this Act, including regulations governing the conduct of rural health work and the expenditure of moneys apportioned under this Act.

Sec. 11. That each State board of health, on or before September one, each year, shall submit to the Secretary of the Treasury a complete report of the work accomplished and the expenditures made by the State under this Act for the preceding fiscal year. As soon as practicable after the close of each fiscal year, the Secretary of the Treasury shall submit a report to Congress showing the expenditures and results accomplished for such year under this Act.

Sec. 12. That Congress may at any time alter, amend, or repeal any or all of the provisions of this Act.

Sec. 13. That the short title of this Act shall be "Rural Health Act."

A MODEL WELFARE CENTER FOR SCOTLAND

Under the above title the October number of *Queen's Nurses' Magazine* contains an account of a model welfare center which is about to be established in Scotland. Welfare work among mothers and children has recently been comprehensively considered by the Trustees of the Carnegie United Kingdom Trust, who are prepared to promote it on a large scale. Not only have they published valuable reports on the work already being done and made suggestions for extending it, but they have offered to stimulate public effort by providing useful examples of what may be effected by wise organization. The Trust will probably either acquire or build a Central Bureau or Institute in London and another in Scotland, to link up all the agencies at work; and meanwhile they have offered to equip model centers in various towns. One such center has already been chosen at Motherwell, Scotland. This is the only Scottish Training Center for preventive work. At the request of the Scottish Council of the Queen Victoria Jubilee Institute, Queen's Nurses are received into the Home for a short period to gain insight into the combined methods, prior to initiating health visiting in their respective districts. "The choice of Motherwell is," says the An-

nual Report of the Medical Officer of Health, "no chance selection; the town typifies a growing industrial area, and the public health policy of the Council has been progressive. So, too, has been that of the Nursing Association; never once has there been hesitation as to meeting the cumulative expenditure for a steadily increasing staff; and in consequence, there was already existing and developed in co-operation with the Town Council an economical, co-ordinated, effective maternity and child welfare service, governing the administration of which were these three main principles:

1. Combination and unification of statutory and non-official agencies best ensures efficiency.

2. Give to the people practical disinterested service and there will be commensurate response in effort and kind.

3. The District Nurse already entering the home to give practical help is, rather than a separate additional official worker, the woman best fitted, as Health Visitor, to enter the same home for supervisory care.

"Adequate records have been kept and reports submitted of the whole work throughout. It is indeed gratifying that through the medium of an Association maintained voluntarily by the community there is now to materialize in the Burgh that which has so long been hoped for, and which, if developed with generous, selfless purpose, should prove so great a boon."

LABOR TAKES STAND FOR HEALTH

The Ohio State Federation of Labor, in session at Columbus recently, adopted the following resolution:

Resolution No. 69

WHEREAS, No subject is of more general interest than the health of the people, the Ohio State Federation of Labor cannot too strongly insist upon building up every power for good health. The known experience of all laboring men has been that the burden of unfavorable conditions falls heavily on those least able to bear it. With this condition in mind, we think the time has come to take a definite stand on several questions of very general interest.

RESOLVED,

1. We favor continuous investigation, research and study of problems of industrial sanitation, and measures to eliminate, so far as possible, occupational diseases.

2. We favor measures that will protect the public from the spread of venereal diseases, including treatment of victims in such manner as to prevent the infection of other members of the community.

3. We favor health supervision of all public and private schools to the end that defects of children may be corrected, if necessary at public expense, at the time when they can be corrected.

4. We favor extension of the facilities for expectant mothers, education and prenatal care for them and instruction to mothers of children not yet of school age.

5. We favor the reorganization of the local health agencies of the State so that the workers in the smaller centers of population may secure the services of health departments equal to the best of those now at work in the cities.

Unanimously adopted, Friday, October 18, 1918.

A NOTE FROM OREGON

According to a correspondent from Oregon the development of public health nursing in Oregon is only retarded at the present time by the lack of nurses.

"Since we have made a real beginning," she writes, "and have secured the two county appropriations other counties are voluntarily becoming interested.

"The scarcity of public health nurses throughout the Northwest was very vividly brought out at the recent Northwestern Tuberculosis Conference. Perhaps you know that it was our request (i.e. Association for the Prevention of Tuberculosis) which secured for the first time a Nurses' Round Table session at the Sectional Tuberculosis Conference, and it would have delighted your heart to have seen the interest and the enthusiasm of that meeting. The girls were so interested that sometimes there would be two or three on the floor at once. They say they are going to ask for a half day session next time.

"I think you will probably be interested in the plan of the work in Oregon. The province of the Tuberculosis Association is to awaken the public to the place where they will ask for and demand public health nurses. When we secure four or five county nurses we are going to place the responsibility of their supervision directly on the State Health Board.

"There is an undeveloped field but we have such a splendid system of organizing the public health nursing that it makes the work very attractive to the nurses who consent to come here."

PUBLIC HEALTH NURSES WANTED IN MONTANA

According to a letter from the Department of Public Health, Montana, interest in public health nursing is growing and if only enough good nurses could be secured to send into the different counties to demonstrate the value, it is believed that in a short time each community would make an effort to secure one for the county. They are hoping that more nurses will now be free to demonstrate the great benefit coming from the public health nurse.

THE ANNUAL REPORT ON THE ENGLISH SCHOOL MEDICAL SERVICE

Sir George Newman, Chief Medical Officer of the Board of Education, England, has just made his annual report. The comments on this report made editorially in the Educational Supplement of the *London Times,* are of so much interest that we are quoting a portion of them here:

Sir George Newman's Annual Report on the School Medical Service strikes the keynote of reconstruction. Health conditions among school children and adolescents are still deplorable, and will remain so for a number of years. But these conditions can be removed so effectively that the children born in 1918 and succeeding years need never suffer the disabilities of mind and body that a century of exploitation and neglect cast upon the generations that lived through the age of the industrial revolution. That some hereditary burdens will still have to be borne is true, for no nation can easily escape the results of an age of ignorant materialism; but, looking at the position broadly, we may say that the school medical service, working with the new duties and powers supplied by the Education Act, will be able so to develop the doctrine of preventive medicine as to make England at last a healthy and, therefore, an educable land. It is preventive or positive medicine which will have much to do for the next quarter of a century, but the work that is going to tell permanently is prevention. It is the normal child that the educational system has to consider; are we in sight of an age when all children will live under such conditions as to make robust health of body and mind their normal conditions? Sir George Newman points out, in the concluding paragraph of his report, that "the ordinary child is the key of the nation's health," and that, therefore, the school medical service "has not confined its operations to the diseased or seriously ailing child, but has exercised its duty to *all* children of school age." Specific diseases receive their appropriate treatment, but it is the "vast group of the retarded, the debilitated, and the unfit," a group that amounts to 20 or 30 per cent. of the school children in certain large areas, which "constitutes the acute school problem." The study of these types "has led to the rediscovery of the elemental necessities of the development of child-life—fresh air, light, warmth, food, exercise." Plainly, then, we have so to change the environment of the child and young person in the home, in

the street, in the playground, in the workshop, as well as in the school, as to secure the conditions precedent to a healthy life. Thus there is only one social problem to be solved. Children cannot be treated as a separate section of society. The salvation of the child involves the social salvation of society as a whole, and preventive medicine, in the largest sense, is the necessary instrument of salvation.

INSTITUTE FOR TUBERCULOSIS WORKERS

Dr. Philip P. Jacobs, Assistant Secretary of the National Tuberculosis Association, has announced that due to the demand for tuberculosis workers throughout the country, he will conduct two Institutes for Tuberculosis Workers in 1919, instead of one as in preceding years. The dates set for the institutes are January 27 to February 12 for the first one, and May 26 to June 11 for the second. Both institutes will cover the same course of work. Membership in the institutes is limited. Those desiring to attend should communicate with Dr. Jacobs, 381 Fourth Avenue, New York.

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